

PRINTED: 11/18/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/27/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHUNN'S COVE ASSISTED LIVING

87 MOUNTAIN BROOK ROAD
ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 10-27-2016. Records indicate this facility was submitted on 6-11-1992, as a conversion from a Nursing Home to a Home for the Aged. The facility is currently licensed for 87 Beds. The Nursing Home was originally built and licensed circa 1968. Based on this information we are requiring the facility to meet the 1991 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1987 NC State Building Code, Institutional Occupancy.	C 000		
C 100	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (a) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: A portable medical oxygen cylinder was stored in no container at all in the oxygen storage room.	C 100	Portable oxygen container was placed in a cylinder rack on 10/27/16. Staff was instructed to always keep cylinders in Racks.	10/27

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

DATE FORM

04PY21

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HA1011262

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

10/27/2016

NAME OF PROVIDER OR SUPPLIER

CHUNN'S COVE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

67 MOUNTAIN BROOK ROAD
ASHEVILLE, NC 28805(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

C 189

Continued From page 1

C 189

C 189

Building Equipment Maintained Safe, Operating

C 189

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0311 OTHER
REQUIREMENTS(a) The building and all fire safety, electrical,
mechanical, and plumbing equipment in an adult
care home shall be maintained in a safe and
operating condition.(k) This Rule shall apply to new and existing
facilities with the exception of Paragraph (a)
which shall not apply to existing facilities.

This Rule is not met as evidenced by:

1. Based on observation the required one-hour
fire rated ceiling was compromised in the kitchen.
Holes and penetrations that are not sealed with
materials approved for use in one-hour fire rated
construction present the possibility that a fire that
begins in one space can quickly spread to other
areas of the facility.2. Based on observation, many corridor doors
are prevented from closing quickly and latching to
resist the passage of fire and smoke. Corridor
doors that do not close completely and latch
present the possibility that a fire that begins in
one space can quickly spread to the corridor and
the remainder of the facility.

Findings include:

a. A Halloween decoration was tied to the closer
on the fire rated cross-corridor door near
bedroom 6 preventing the door from closing.
This fire rated door must be self-closing upon
actuation of the fire alarm system at all times.
Note: this deficiency was corrected during the
survey.

b. The doors to bedrooms 16 and 32 were

*Holes and penetrations
in the Kitchen have been
sealed with fire proof
Rated Chaulking.*

10/27

*Halloween decorations
were removed day of
survey inspection.
Staff instructed not to
hang in manner to prevent
doors from closing.*

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NAME OF PROVIDER OR SUPPLIER CHUNN'S COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 87 MOUNTAIN BROOK ROAD ASHEVILLE, NC 28805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 2 propped open. c. The doors to the beauty salon and the living room on the Laurel Wing, were propped open. d. The doors to the bedrooms in this facility are equipped with roller latches. Roller latches do not provide positive latching and have been prohibited in the NC State Building Code since 1978, but are permitted to remain if installed before 1978 and if still working properly. The latches on at least bedrooms 1, 2, 3, 6, 7, 8, 10, 12, 14, 15, 17, 23 and 32 were not working properly. This is a systemic problem that has been cited before. Please submit a plan to replace all roller latches with positive latching hardware.	C 189	All doors that were noted during inspection have been repaired/adjusted by commercial door company. Please see Attached invoice RCR Construction RCR invoice # 111616-1	11/16	