

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 10/31/2016	
NAME OF PROVIDER OR SUPPLIER CHASE SAMARITAN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805				
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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 10-31-2016. Records indicate the facility was first licensed on 2-1-1974. Therefore the facility was surveyed for conformance with the 1967 edition of the North Carolina State Building Code, the 1971 Homes for the Aged and Infirm Minimum Desired Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The facility is licensed for 54 beds.	C 000	<div style="text-align: center;"> CONSTRUCTION SECTION DEC 09 2016 RECEIVED </div>			
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent fire alarm system inspection report was dated in May of 2015. Fire alarm systems must be inspected and approved annually as required to ensure it can operate properly in an actual emergency.	C 111				C11- Fire Alarm inspection to be completed by Southern Alarm along with Fire Marshall report by Asheville Fire Department. 12/15/16
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are:	C 133				C133- Handrail in women's shower to be installed by Paul Jones. To be completed 12/15/16

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REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

Ron Dodson Administrator/owner 12/8/16

TITLE

(X6) DATE

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C 133	Continued From page 1 (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the tub in the shower room on the women's hall.	C 133			
C 166	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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation there was a hasp and padlock on the outside of the door bedroom 200. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Note; the hasp was removed during the survey. Based on observation, there was no documentation of monthly inspections provided on the range hood fire suppression system inspection tag. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on the tag provided at the system pull. Based on observation, the ice machine drain line	C 166	C166- a. Hood inspection to be Completed by S.A.S-12/29/16 b. All Pro Plumbing to correct ice machine drain line- 12/15/16 c. All Pro Plumbing corrected 11/2/16		

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C 166	Continued From page 2 was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. Based on observation the toilets in the bathroom off room 108 was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards.	C 166			
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, most of the records available onsite included no description of what the rehearsal involved.	C 185	C185- Facility will ensure that all Future fire drills are properly Documented including description of drills.		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189			

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C 189	<p>Continued From page 3</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire alarm system was showing a "Maintenance Trouble" condition. Fire alarms in "Maintenance Trouble" may fail to operate properly when needed.</p> <p>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.</p> <p>Findings include:</p> <p>a. One smoke barrier door near the personnel office was dragging the floor and not closing properly.</p> <p>b. The door to the Sunroom would not latch when closed.</p> <p>c. The door to bedroom 205 was very hard to close and may not latch when closed.</p> <p>d. The doors to the dining room and one shower room were wedged open.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. 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.</p>	C 189	<p>C189- 1. See C11 SAS inspection to be completed by 12/15/16</p> <p>2. a- Door at personnel office to be adjusted by SAS 12/15/16</p> <p>b-Sun Room door corrected by Paul Jones – 11/2/16</p> <p>c-Room 205 Door corrected by Paul Jones- 11/2/16</p> <p>d- Communicated with staff not to wedge doors- 11/3/16</p> <p>3. Ceiling in Manager's office, Janitor's Closet, personnel office, and the attic access in linen closet- corrected by Paul Jones- 11/10/16</p>		

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PRINTED: 11/18/2016
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C 189	Continued From page 4 Findings include: a. Unsealed penetration in the ceiling of the Manager's office, b. Hole in the ceiling of the Janitor's closet, c. Unsealed penetration in the ceiling of the personnel office, d. Attic access door in the linen closet was not positioned correctly in the opening to maintain the rating of the ceiling.	C 189			

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