


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
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NAME OF PROVIDER OR SUPPLIER ASHE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller conducted on November 15, 2016.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on January 24, 1996. The facility is currently licensed as a 60 bed Special Care Unit. Therefore the facility must meet the 1996 North Carolina State Building Code Section 409.1 Group I - Unrestrained, the 1996 Rules for Adult Care Homes and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .03D1 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ed Miller, Regional Director of operations

Executive Director

12/21/2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/16/2016
NAME OF PROVIDER OR SUPPLIER ASHE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425		
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C 101	<p>Continued From page 1</p> <p>1. Based on observation, and interview with Staff, the facility, which was equipped with Special Locking on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic smoke detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on November 15, 2016: a. 100 Hall Water Heater Room - there was no automatic fire sprinkler system in this room.</p> <p>2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. Findings on November 15, 2016: a. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP.</p>	C 101	<p>We will contact our Fire Sprinkler Company to install a fire sprinkler head. Estimated completion: 1/20/2017</p> <p>We have contractor First Fire Protection to produce a wiring diagram. Estimated completion: 1/20/2017</p>	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with</p>	C 111		

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C 111	<p>Continued From page 2</p> <p>Executive Director and Business Office Manager/cility Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects residents, staff and visitors by preventing any deficiency that may be discovered with annual inspections from being corrected.</p> <p>Findings on November 15, 2016:</p> <p>a. The current annual Fire Marshal/Inspection Report was not available for review.</p> <p>b. Records indicate that the last Fire Sprinkler System Inspection and Testing report in accordance with NFPA 25 was performed in November, 2014, exceeding the requirement to have the system inspected and tested at least annually to insure that the system works properly.</p>	C 111	<p>We are currently updated inspections. Estimated completion: 1/20/2017</p> <p>We are updated our inspections and will have reports in house updated. Estimated completion: 1/20/2017</p>	
C 132	<p>Bathrooms-Must Provide Privacy</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to ensure that all Bathrooms and Toilet Rooms are designed to provide privacy when there is more than one commode, and at each tub or shower.</p> <p>Findings on November 15, 2016:</p> <p>a. Common Bathroom near Bedroom 109 -</p>	C 132		

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C 132	Continued From page 3 there was no curtain for the shower.	C 132	Shower Curtains have been ordered. Estimated completion: 1/20/2017	
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(a) The requirements for bathrooms and toilet rooms are:</p> <p>(b) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.</p> <p>Findings on November 15, 2016:</p> <p>a. Common Bathroom near Bedroom 109 - the shower had a loose hand grip (grab bar).</p>	C 133	Common bathroom near Bedroom 109 grab bar will be corrected. Estimated completion: 12/23/2016	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	C 164		

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C 164	<p>Continued From page 4</p> <p>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on November 16, 2016: a. Dining - the gypsum wall finish on the wainscot was damaged on the long corridor and kitchen walls. b. Bedroom 112 - the wall beside the corridor bed was damaged. c. Kitchen - the floor was dirty around the perimeter of the kitchen.</p> <p>2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on November 16, 2016: a. Utility Room - the utility sink's plumbing trap was drying-up, and starting to allow sewer gases to enter the Building.</p>	C 164	<p>The gypsum wall finish will be repaired. Estimated completion: 1/20/2017</p> <p>The damage wall will be repaired. Estimated Completion: 1/20/2017</p> <p>The kitchen floor around perimeter has been cleaned.</p> <p>Plumbing trap has problem has been resolved.</p>	12/19/2016
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (b) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (c) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on November 15, 2016: a. Business Manager's Office - the HVAC return</p>	C 166		

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C 166	<p>Continued From page 5</p> <p>grilles with their radiation dampers have an excessive accumulation of dust/lint.</p> <p>b. Dining- the HVAC supply grille in the middle on the longest corridor side was rusty and the radiation damper had an excessive accumulation of dust/lint.</p> <p>2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.</p> <p>Findings on November 15, 2016:</p> <p>a. Administrators Office - three portable medical oxygen cylinders were stored standing up in on the floor, not secured to the structure.</p>	C 166	<p>The grille will be cleaned and painted. Estimated completion: 1/20/2017</p> <p>Oxygen containers are stored in proper holding container.</p>	11/16/2016
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C 176	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.</p> <p>Findings on November 15, 2016:</p> <p>a. Bedroom 112 - both towel bars were broke so</p>	C 176		
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C 175	Continued From page 8 there was no means to hang a towel in the Bedroom or adjoining bathroom for the 2 residents.	C 175	The broken towel bars will be replaced. Estimated completion: 1/20/2017	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 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: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to rehearse and document the fire plan. This deficiency affects residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on November 15, 2016: a. There were no records available for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,	C 189	We are doing our fire rehearsals and will maintain good documentation.	12/6/2016

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C 189	<p>Continued From page 8</p> <p>b. Corridor near Bedroom 207 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>c. Corridor near Bedroom 200 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>d. Corridor near Maintenance Director's Office - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>e. Private Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>f. Corridor near Living Room - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>g. Patio outside of Living Room - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>h. Corridor near Bedroom 103 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p> <p>i. Corridor near Bedroom 108 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages for ninety minutes.</p>	C 189	<p>The wall mounted self contained emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p> <p>The emergency light has been repaired.</p>	<p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p>

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C 189	<p>Continued From page 9</p> <p>3. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on November 15, 2016: a. Soiled Linen - the corridor door was propped open with a coat hanger jammed under the door holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 15, 2016: a. Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in November of 2014.</p> <p>5. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on November 15, 2016: a. Bulk Laundry - the two fire sprinkler head were debris-loaded with lint.</p> <p>6. Based on observation, the Interior doors were not maintained in a safe and operating condition.</p>	C 189	<p>The soiled linen corridor door will not be propped open, coat hanger is gone.</p> <p>The range hood fire suppression system has been inspected.</p> <p>The two fire sprinkler heads have been cleaned.</p>	<p>11/20/2016</p> <p>12/15/2016</p> <p>11/20/2016</p>

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C 189	<p>Continued From page 10</p> <p>Findings on November 15, 2016:</p> <p>a. Bedroom 202 - the corridor door did not latch into its frame when closed.</p> <p>b. Bedroom 200 - there were two 1/4 inch diameter holes through the door beside the door handle.</p> <p>c. Bedroom 200 - the door handle was loose and may not function properly when used.</p> <p>d. Beauty Shop - the corridor door's strike plate had been filled with a rag, preventing the door from latching.</p> <p>e. Private Dining- the corridor door hits its frame, requiring extra force to close and latch the door.</p> <p>f. Beauty shop- the corridor door hits its frame, requiring extra force to close and latch the door.</p> <p>7. Based on observation, the electrical system was not being maintained safe.</p> <p>Findings on November 15, 2016:</p> <p>a. Corridor near Bedroom 200 - a light fixture was missing its lens.</p> <p>b. Maintenance Director Office - there was a multi-plug adaptor with attachment plugs, plugged into an electrical power receptacle without over current protection. Multi-plug adaptors can become overloaded and lead to a device failure and a possible fire.</p> <p>c. Front Porch - the GFCI electrical outlet's weatherproof cover was missing.</p> <p>8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin.</p> <p>Findings on November 15, 2016:</p> <p>a. Corridor near Bedroom 104 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening</p>	C 189	<p>The bedroom door will be repaired. Estimated completion: 1/20/2017</p> <p>The two 1/4 inch diameter holes will be repaired. Estimated Completion: 1/20/2017</p> <p>Bedroom 200 door handle will be repaired. Estimated completion: 1/20/2017</p> <p>The strike plate will be corrected. Estimated Completion: 1/20/2017</p> <p>The door will be repaired. Estimated completion: 1/20/2017</p> <p>The door will be repaired. Estimated completion: 1/20/2017</p> <p>The lens have been replaced.</p> <p>Outlet cover has been replaced.</p> <p>The fire sprinkler escutcheon plate has been corrected.</p>	<p>12/20/2016</p> <p>12/20/2016</p> <p>12/20/2016</p>

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C 189	Continued From page 11 that allows the spread of smoke and heat. b. Memory Care Coordinator - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.	C 189	The missing escutcheon plate will be reinstalled Estimated completion: 1/20/2017	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on November 15, 2016: a. Public Women - the exhaust ventilation system did not work, allowing a build-up of odors. b. Public Men - the exhaust ventilation system did not work, allowing a build-up of odors. c. Housekeeping near Public Men - the exhaust ventilation system did not work, allowing a	C 199	e, b & c. the exhaust ventilation will be repaired Estimated completion: 1/20/2017.	

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NAME OF PROVIDER OR SUPPLIER ASHE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425
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(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 199	Continued From page 12 build-up of odors.	C 199		