

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2017
NAME OF PROVIDER OR SUPPLIER ASHE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425		
(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 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 01/27/2017. Items cited during the 11/15/2016 Biennial Survey remain to be corrected.	{C 000}	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is solely prepared as a matter of compliance with State Law. Section .0300-Physical Plant 10ANCAC 13F .0301 Application of Physical Plant Requirements	
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 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; This Rule is not met as evidenced by: 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	{C 101}	A. Work has been completed on the fire sprinkler work was completed on 2-3-2017 Odyssey Fire Protection, LLC completed work. Picture is attached. 2. Wiring Schematic is in place by the fire panel. Please see attachment provided. Section .0300 Physical Plant 10A NCAC13F .0305 Physical Environment (e) The requirements for bathrooms and toilet rooms are: (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. A. Shower curtains have been installed in all bathrooms that have more than one toilet. Please see picture attached.	

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

Spring R Neal

TITLE

Executive Director

(X5) DATE

2-28-17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/27/2017
NAME OF PROVIDER OR SUPPLIER ASHE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425		
(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 101}	Continued From page 1 not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on 01/27/2017: November 15, 2016: a. 100 Hall Water Heater Room - there was no automatic fire sprinkler system in this room. Note: The work is in progress. 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 a wiring schematic of the special locking system components all of the required components. Findings on 01/27/2017:; a. Wiring Schematic - The special locking system does not have a wiring schematic posted at the FACP. Note: The work is in progress.	{C 101}		
{C 132}	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (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; This Rule is not met as evidenced by: 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.	{C 132}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/27/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ASHE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST ASHE STREET BURGAW, NC 28425
---	---

(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 132}	Continued From page 2 Findings on 01/27/2017: a. Common Bathroom near Bedroom 109 - There is no curtain privacy curtain for the shower. Based on an interview with the administrator the curtain is on order.	{C 132}		