

PRINTED: 06/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2017
NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904		
(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 Construction Section Biennial Survey by Dennis Harrell on 6-13-17. Records indicate this facility was first licensed on 2-14-2006, for a capacity of 60 Special Care Unit beds. Therefore the facility was surveyed for conformance with the 2005 Rules for the Licensing of Adult Care Homes and the 2002 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000	Response to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law. It is the policy of Hayesville House to make sure that all rules are followed in accordance with rules under Section .0300 -PHYSICAL PLANT 10A NCAC 13F .0302, .0306, .0309 AND .0311	
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 Marshal building safety inspection report was dated 3-19-2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111	These rules will be met by: The Fire Marshal has been notified of inspection several times. Fire Marshal to provided a copy of recent Fire Inspection Report.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors;	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Sherry Palmer*TITLE
Executive Director(X6) DATE
7/7/2017

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C 184	Continued From page 1 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and on interview with staff, the facility is not being maintained free of chronic unpleasant odors. Finding includes; At the beginning of the survey, the back hall had no unpleasant odor. Later, there was a strong sewer gas odor beyond the smoke barrier doors to the back hall. Interview with staff revealed that, "It happens sometimes."	C 184	The hopper sink is to be flushed weekly by housekeeping to keep water in the drain at all times to insure that the gas odor will not be released into the building. Task will be inserted on the housekeeping checklist which is turned into the ED.	6/16/2017
C 186	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: 1. Based on observation, one ice machine drain line extended into 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. 2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided at one sink. Hoses on water	C 186	The ice machine drain line was corrected according to code by BMS staff. A new Beauty Salon sink with vacuum breaker has been order and will be installed by our BMS Tech Rep when delivered. Estimated completion date: 7/21/2017	6/16/2017

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C 185	Continued From page 2 fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 186		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 4th quarter of last year, there was no rehearsal done during the 2nd shift.</p> <p>2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.</p>	C 185	<p>Fire rehearsal plan and evacuation shall be completed on each shift every quarter according to rules and regulations.</p> <p>3rd shift rehearsal fire drill will be completed for 2nd quarter by 6/26/2017</p> <p>We will comply with Dennis Harrells recommendations related to description of rehearsal and future fire drills.</p>	<p>End of Quarter</p> <p>6/26/2017</p> <p>6/13/2017</p>

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C 189	Continued From page 3	C 189		
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, 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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, corridor doors are prevented from closing quickly and/or 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. One of the smoke barrier doors near room 107 did not latch when closed. b. One of the smoke barrier doors near room 303 did not latch when closed. 2. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding includes: The exit sign near room 306 did not work on battery when tested.	C 189 C 189	The smoke barrier doors near room 107 and room 303 have been adjusted by BMS to close/latch during fire to prevent the spread of fire or smoke to the corridor and the remainder of the facility. The battery in the exit sign near room 306 has been replaced and is working properly.	6/16/2017 6/16/2017