

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL045001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/05/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARDINAL CARE CENTER-HENDERSONVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739</b>
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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 000	Initial Comments  Report of Construction Section Biennial Survey by Dennis Harrell on 7-5-2017.  Records indicate this Facility was first licensed on or 7-7-1988, for 60 residents. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Revision 8 -Section 409 Institutional Occupancy.	C 000		
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: 1. Based on a review of documents, the most recent sprinkler inspection report, dated 3-28-2017, listed significant deficiencies. Based on interview, the Administrator and Maintenance Director were unsure if the deficiencies had been corrected. Deficiencies listed include: a. Water pressure switch not operational. b. Water pressure switch failed to activate fire alarm system during system flow test.  2. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated 12-1-2016. Buildings must be inspected and approved annually as required to	C 111	<i>Annual Sprinkler Inspection -</i>  <i>Simplex Full Trip on System to insure flow switch operates correctly -</i>	<i>3-28-17</i>  <i>7-17-17</i>

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Chris Dreps*

*Executive Director*

*07-28-2017*

STATE FORM

509

8S2021

If continuation sheet 1 of 6

#151 P.002/009

08/01/2017 12:18

828 697 5461

From: CARDINAL CARE

Division of Health Service Regulation

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C 111	Continued From page 1  ensure all systems can operate properly in an actual emergency.  3. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	<i>Fire Marshall Inspection Done</i>	7-19-17
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: The path to the exterior from the Activity/Family room exit was blocked with a chairs deficiency was corrected during the survey.	C 150		
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.	C 166		

#151 P.003/009

08/01/2017 12:18

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C 166	Continued From page 2  This Rule is not met as evidenced by: 1. 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. There were 2 portable medical oxygen cylinders stored in no container or rack in room 214. b. There was a portable medical oxygen cylinder stored in no container or rack in the maintenance office. Note: This deficiency was corrected during the survey.  2. Based on observation there was a hasp and padlock on the outside of the door to the pantry. 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.  3. Based on observation, part of the latch assembly was missing on one of the smoke barrier doors on the 200 Hall. The missing hardware exposed sharp edges.	C 166	<i>Corrected Room 214</i>  <i>Hasp Removed</i>  <i>Parts Ordered</i>	<i>7-5-17</i>  <i>7-20-17</i>  <i>7-24-17</i>
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	C 185		

#151 P.004/009

08/01/2017 12:19

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C 185	Continued From page 3  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 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 1st quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 2nd quarter of this year, there were no rehearsals done at all. c. In the 3rd quarter of last year, there were no rehearsals done during the 2nd or 3rd shifts. d. In the 4th quarter of last year, there was no rehearsal done during the 3rd shift.  2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	<i>Schedule of fire drills posted - for ALL shifts - ALL signed for ALL shifts,</i>  <i>documents will be more descriptive</i>	<i>7-24-17</i>
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.	C 189		

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C 189	Continued From page 4  This Rule is not met as evidenced by: 1. 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. One of the cross-corridor smoke barrier doors near room 101 did not close completely when activated by the fire alarm system b. One of the cross-corridor smoke barrier doors near the dining room was blocked from being able to close by a chair. Note: This deficiency was corrected during the survey. c. The door to bedroom 210 was hard to open when closed. d. The double doors to the Activity/Family room do not automatically latch when closed. e. The double doors to the Dining room do not automatically latch when closed. f. One of the double doors to the Activity/Family room was wedged open. g. The other door to the Activity/Family room was equipped with a mechanical "kick-down" to hold it open. h. The double doors to the Dining room are equipped with mechanical "kick-downs" to hold them open. i. There is no door stop provided on the hinge side of the door to the maintenance office to make the door resistant to the passage of smoke.  2. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90	C 189	(A) Has Been Repaired - (B) - Done (C) Replaced Door Knob - (D) Ordered New Hdwe (E) Ordered New Hdwe (F) No Wedges in Bldg (G) Removed Hdwe Kickdown (H) Removed Kick Downs (I) Door Stop Replaced and painted (J) Replaced Batti	7-5-17 7-25-17 7-28-17 7-28-17 7-28-17 7-28-17 7-28-17 7-19-17 7-17-17

08/01/2017 12:19 #151 P.006/009 828 697 5461 From: CARDINAL CARE

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C 189	Continued From page 5  minutes could endanger the residents and staff.  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. Findings include: a. Hole at a wire in the ceiling of the Nursing Supervisor's office, b. Hole in the ceiling of the mechanical room near room 109, c. Unrated foam used to seal a hole in the ceiling of the mechanical room near room 109.	C 189	<i>(a) Fire caulked</i> <i>(b) Covered with sheet rock &amp; Fire caulked</i> <i>(c) Cut out foam &amp; filled with sheet rock filler</i>	<i>7-25-17</i> <i>7-26-17</i> <i>7-26-17</i>

#151 P.007/009 08/01/2017 12:19

828 697 5461

From: CARDINAL CARE



Safer. Smarter. Tyco.™

# FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT

BOOK #	
CALL #	
SEQ. #	

36 Rosecrannon Rd.  
 Asheville, NC 28803  
 P 828-684-0736 F 828-684-3584

SITE AND PROJECT NO.	TRIP/ARRIVAL DATE <b>07.17.17</b>	TRIP/DEPART DATE <b>07.17.17</b>	MSM-BILL	SPC. CODE	FIN	TRAVEL
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DISTRICT <b>299</b>	SERVICE AT CUSTOMER NUMBER
NAME <b>CARDINAL CARE</b>	
ADDRESS (OR APT. OR) <b>Eric Heatherly</b>	
ADDRESS <b>1000 W. ALLEN ST</b>	
CITY <b>HENDERSONVILLE NC</b>	STATE ZIP <b>28739</b>

INSTR. DATE	CUSTOMER P.O.	AND/OR	CUSTOMER CONTRACT NAME (PRINT)
SERVICE CODE	LIBR - REG.	TRAV - REG.	LIBR - OT
WARRANTY CODE	LIBR - REG.	TRAV - REG.	LIBR - OT
TUP CODE	LIBR - REG.	TRAV - REG.	LIBR - OT
RESOLUTION CODE			

CONTROL PANEL	
MANUFACTURER <b>SIMPLEX</b>	MODEL NO. <b>4005</b>
SERIAL NO.	WIRING DIAG. NO.
SECURITY NO.	THRU
TYPE OF SIGNALING <input type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNAL <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL	POWER SOURCE CIR. BRKR. LOCATION NO. LOCKED CIR. BRKR. <input type="checkbox"/> Y <input type="checkbox"/> N
BATTERIES <input type="checkbox"/> NOTE #	TROUBLE CONDITIONS RESPONSE TO: ZONE TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO: <b>Eric Heatherly</b>	STH TRIP DATE <b>7/17/17</b>
CUSTOMER SIGNATURE <b>Eric Heatherly</b>	FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO. <b>NICET IV FACTORY CERTIFIED</b>
SEE NOTATION NO.	SIGNALS SOUNDED PER CUSTOMER REQUEST <input type="checkbox"/> Y <input type="checkbox"/> N

AUXILIARY FUNCTIONS	
ANNUNCIATOR MODEL	DOOR HOLDERS <input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A
ELEVATOR FIRE RECALL <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	HVAC SHUTDOWN <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY.
CITY CONNECTION OR CENTRAL STATION MONITORING	SPECIAL CONSIDERATIONS* TO BE AWARE OF BEFORE TESTING
LOCAL FIRE DEPT./CENTRAL STATION	1.
	2.
	3.

MPX/TPR CHECKLIST		PERIPHERAL/PARTS USED							THE NUMBER OF PERIPHERAL DEVICES TESTED IS:			
MODEL NO.	THE FOLLOWING TRANSDUCERS FAILED THE TEST	ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	TESTED	1 day	3 day
NO. OF SPINDERS TESTED	LOCATION NOTE #	1							STATIONS			
REVERB. SUPPLY HOSE NOTE #	LOCATION NOTE #	2							HEAT DETECTORS			
<input type="checkbox"/> NORM CHARGER VOLTAGE NOTE #	LOCATION NOTE #	3							SMOKE DETECTORS			
<input type="checkbox"/> NORM GROUND FAULT NOTE #	LOCATION NOTE #	4							ANNUNCIATORS			
<input type="checkbox"/> Y <input type="checkbox"/> N BATTERY VOLTAGE NOTE #	LOCATION NOTE #	5							DUET DETECTOR			
POINTS TESTED NOTE #	LOCATION NOTE #	6							Horns			
<input type="checkbox"/> NORM OTHER NOTE #	LOCATION NOTE #	7							BELLS			
PRINTERS NOTE #	OTHER NOTE #	8							CHIMES			
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N								SPRINKLER SYST.			
									WIRE CALL			
									TYPE PROGRAM			
									VOICE MESSAGE			

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:		None		As Follows (describe fully)	
1. <b>SPRINKLER INSPECTION DEFICIENCY</b>					
<b>SEE PAGE 2</b>					
PROBLEM CODE	CORRECTIVE ACTION	RELATED TR	RELATED CALL #	CLOSE DATE	SERV. COMPL.

08/01/2017 12:19 #151 P.008/009 08/01/2017 12:19 #151 P.008/009 828 697 5461 FROM: CARDINAL CARE

