

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CROSSINGS AT REYNOLDS MOUNTAIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>41 COBBLERS WAY ASHEVILLE, NC 28804</b>
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C 000	Initial Comments  Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 5-2-2018.  Records indicate this facility was first licensed on 8-4-2016, for 99 beds. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Home of Seven or More Beds and the 2012 Edition of the NC State Building Code.	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: 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		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;	C 133		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 133	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at the toilet in the second floor spa.  2. Based on observation, there was no hand grip provided at the toilet in the basement spa.	C 133		
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. At least 6 feet of clear width must be maintained in exit corridors. Findings include: a. There was a med cart stored in the corridor reducing the clear width to less than 4 feet. Note; This deficiency was corrected during the survey. b. The corridor was obstructed down to a clear width of 5 feet 5 inches at room 342. c. The corridor was obstructed down to a clear width of 4 feet 6 inches at room 239.	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	C 166		

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C 166	<p>Continued From page 2</p> <p>hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>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:               <ol style="list-style-type: none"> <li>Several (8) portable medical oxygen cylinders were stored in unapproved plastic crates in room 117.</li> <li>Several (7) portable medical oxygen cylinders were stored in unapproved beverage crates in room 122.</li> </ol> </li> <li>Based on observation, the facility was not maintained in a safe condition because of trash and recycling storage in stairwells. Storage is not allowed in stairwells. Findings include;               <ol style="list-style-type: none"> <li>Trash was stored in Stair 2, Level 2,</li> <li>Trash was stored in Stair 2, Level 3,</li> <li>Trash was stored in Stair 4, Level 1,</li> <li>Trash was stored in Stair 4, Level 2,</li> </ol> </li> <li>Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Note; This deficiency was corrected during the survey.</li> <li>Based on observation, a fire extinguisher in the corridor near room H16 was low in charge. A fire extinguisher with a low charge may not be able to properly deploy the extinguishing agent.</li> </ol>	C 166		

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C 166	Continued From page 3  5. Based on observation, part of a coat hook was missing in the bathroom off bedroom 117. The missing part exposed sharp edges on the mounting hardware.  6. Based on observation, there were electrical outlet expanders being used in the facility. Electrical outlet expanders are not approved for use in Institutional Occupancies. a. An electrical outlet expander was in use in the bathroom off bedroom 117, b. An electrical outlet expander was in use in the Beauty Salon.	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, the records available onsite included little to no description of what the rehearsal involved.	C 185		

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C 189	Continued From page 4	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></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 required one-hour fire rated ceilings were compromised in several locations by improperly protected conduit and plastic pipe penetrations. None of the conduit penetrations listed below were protected with a listed fire collar. Penetrations that are not sealed in an approved manner present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>a. The ceiling of the mechanical and phone room was penetrated by a 4 inch PVC conduit.</p> <p>b. The ceiling of the basement mop closet was penetrated by a 4 inch PVC waste pipe.</p> <p>c. The ceiling of the first floor electrical closet was penetrated by four 3 inch PVC conduits.</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>	C 189		

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C 189	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>a. One smoke barrier door near room 249 did not latch when closed by the fire alarm system.</li> <li>b. Mechanical kick-downs found on all 6 doors to the Dining room,</li> <li>c. Wedge found at first floor soiled utility door,</li> <li>d. Mechanical kick-downs found on both doors to the Chapel,</li> <li>e. Door to room 240 wedged open,</li> <li>f. Door to room 337 wedged open,</li> <li>g. Wedge found at door to second floor spa,</li> <li>h. Therapy door wedged open,</li> <li>i. Door to room 123 propped open,</li> <li>j. Mechanical kick-down found on door to first floor laundry,</li> <li>k. Mechanical kick-down found on door to Business Manager's office,</li> <li>l. Mechanical kick-down found on door to Ashton Park,</li> <li>m. Mechanical kick-downs found on door to Beauty Salon,</li> <li>n. Mechanical kick-down found on 45 minute fire rated door to large storage room of about 600 sq. ft. on first floor. This door must be self-closing or automatic closing on activation of the fire alarm system.</li> <li>o. Mechanical kick-down found on 45 minute fire rated door from kitchen to service corridor.</li> <li>p. Mechanical kick-down found on 45 minute fire rated door to pantry.</li> <li>q. Door to employee break room wedged open,</li> <li>r. Mechanical kick-down found on door to maintenance office,</li> <li>s. Door to mechanical room propped open,</li> <li>t. Door to serving kitchen in basement wedged open,</li> <li>u. A pair of doors from the corridor to the kitchen does not automatically latch when closed.</li> </ul> <p>3. Based on observation, several sets of double corridor doors are prevented from closing</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>properly and latching because of improperly operating co-ordinators. 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. The co-ordinators were not working properly on all 3 sets of double doors to the Dining room.</p> <p>b. The co-ordinator was not working properly on the double doors to the Chapel.</p> <p>4. 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> <p>Findings include:</p> <p>a. Hole in the wall of the sprinkler riser room,</p> <p>b. Gypsum compound and tape falling off the ceiling of the sprinkler riser room,</p> <p>c. Hole in the wall in the mechanical closet off the Chapel.</p>	C 189		