

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL017054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CASWELL HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379</b>
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on June 20, 2018.</p> <p>Records indicate that Caswell House was first licensed on February 14, 2006 as a Home for the Aged. The Facility is currently licensed for 100 beds with 42 of the beds designated as a Special Care Unit. Based on this information the facility is required to meet the 2004 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 (w/revisions) North Carolina State Building Code for Group I-2 - Institutional Unrestrained Occupancy.</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 .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;</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with Building Maintenance and Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having exits that all staff can operate including the Special Locking System exits.</p> <p>Findings on June 20, 2018:</p> <p>a. SCU Patio -the "Special Locking System" gate has a protective cover over the emergency release switch, which is secured with a non-releasable cable tie, making it very difficult to open the protective covers in an emergency. Staff must have free access to emergency release switches. Maintenance removed the cable tie at time of survey.</p> <p>2. Based on observation, the building's does not meetmeet the Code requirements in effect at the time of construction by not having all paths to exits marked with signs.</p> <p>Findings on June 20, 2018:</p> <p>a. Central Hall - as you travel from the back through the control doors located across the corridor there is no exit sign to direct you to the front door.</p>	C 101		
C 111	<p>Must Have Current San. &amp; 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:</p>	C 111		

Division of Health Service Regulation

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C 111	Continued From page 2  1. Based on record review, and interview with Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on June 20, 2018: a. A current Fire Marshal Inspection Report is not available for review by the Surveyor.  2. Based on record review, and interview with Executive Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on June 20, 2018: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25, performed on May 25, 2018 listed several deficiencies that have not been addressed.	C 111		
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 each shower has a privacy partitions or curtain.	C 132		

Division of Health Service Regulation

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C 132	Continued From page 3  Findings on June 20, 2018: a. Bedroom 507/509 Shared Bathroom - the shower was not equipped with a curtain.	C 132		
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors accessible by residents with sounding devices that activated when the door opens. Findings on June 20, 2018: a. Exit near Bedroom 516 - this "Special Locking System" exit has an unalarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks the exit. In addition, the exit had no other notification device. b. SCU Gate - this "Special Locking System" exit has an unalarmed protective cover over the emergency release switch. This allows residents	C 154		

Division of Health Service Regulation

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C 154	Continued From page 4  unrestricted access to the switch that unlocks the exit. In addition, the exit had no other notification device.	C 154		
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; (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: 1. Based on Observation, the Building was not kept in good repair, because the doors failed to function as originally intended or are missing. Findings on June 20, 2018: a. Bedroom 509 - one of the closet's bi-fold doors were off the track.  2. Based on observation, the building floors are not kept clean and in good repair. Findings on June 20, 2018: a. Beauty Shop/Vending/Laundry - the seamless floor is separating at the joint.	C 164		
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		

Division of Health Service Regulation

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C 166	<p>Continued From page 5</p> <p>hazards; (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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 20, 2018:</p> <p>a. Nurse Station - eight portable medical oxygen cylinders are standing up on the floor not physical secured in racks, stands or by chains.</p> <p>b. Activity Room - a portable medical oxygen cylinder is standing up on a table, not physical secured in a rack, stand or by chains. Deficiency corrected before Construction Surveyor departed site.</p> <p>2. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on June 20, 2018:</p> <p>a. Bedroom 507/509 Shared Bathroom - the fiberglass shower floor is broken and needs repairing or replacing.</p> <p>b. Bedroom 410 Bathroom - the connection of the commode to the floor is loose.</p> <p>3. Based on Observation, the Building was not maintained free of hazards, because general maintenance is not being done or completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on June 20, 2018:</p> <p>a. Bedroom 202 Bathroom - the mounting bracket for a removed towel hook remains attached to the wall. This bracket has rough and sharp edges, which could cause injury.</p>	C 166		

Division of Health Service Regulation

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C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on June 20, 2018: a. Riser Room - the last annual maintenance check of the portable fire extinguisher was last performed in February 2017. b. Kitchen Water Heater Room in Clean Linen - the last annual maintenance check of the portable fire extinguisher was last performed in February 2017. c. Electrical Equipment Room near Bedroom 110 - the last annual maintenance check of the portable fire extinguisher was last performed in February 2017. d. Electrical Equipment Room near Bedroom 110 - the portable fire extinguisher is sitting on the floor, not mounted as required by NFPA 10.</p>	C 183		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet</p>	C 188		

Division of Health Service Regulation

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C 188	Continued From page 7  locations at sinks, bathrooms and outside of building shall have ground fault interrupters.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on June 20, 2018: a. Laundry near Dryer -the electrical power receptacle near the sink, is within six feet of the sink and does not provide ground fault protection.	C 188		
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, and review of documents, the Building was not maintained in a safe and operating condition; because maintenance is not perform in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide.	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 8</p> <p>Findings on June 20, 2018:</p> <p>a. Riser Room- examination of the fire sprinkler riser revealed the pressure gauges on system 1 &amp; 3 on the accelerator lines is registering 0 psi. The "dry sprinkler system" may have water in the lines. This could indicate an abnormal condition.</p> <p>b. Riser Room - review of the May 25, 2018 NFPA 25 report, revealed that the accelerators on systems 1 &amp; 3 were out of service upon arrival.</p> <p>2. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin.</p> <p>Findings on June 20, 2018:</p> <p>a. Laundry - the corridor doors, part of the fire-resistance-rated enclosure with 45 min rated doors are held open with permanent magnets.</p> <p>b. Beauty Shop/Vending/Laundry - the corridor door, part of the fire-resistance-rated enclosure with a 45 min rated door is held open with a permanent magnet.</p> <p>4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin.</p> <p>Findings on June 20, 2018:</p> <p>a. Corridor near 500/600 Hall :Living - the exit sign's base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>b. Kitchen - there are gaps around the</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 9</p> <p>commercial kitchen hood's fire suppression system conduits that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>c. Kitchen Water Heater Room in Clean Linen - there are gaps around a pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 20, 2018: a. Bedroom 613 - there were two 1/4 inch diameter holes through the door beside the corridor door handle. b. Business Managers Office - there were two 1/4 inch diameter holes through the corridor door beside the door handle. c. Suite 108 - there were two 1/4 inch diameter holes through the corridor door beside the door handle.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 20, 2018: a. Electrical Equipment Room next to Bedroom 410 - housekeep cart and buckets are stored in front of the electrical panels, limiting the required 36-inches minimum clear working. This prevents quick access in any emergency. b. Electrical Equipment Room on Central Hall - construction materials and supply are stored in front of the electrical panels, limiting the required 36-inches minimum clear working. This prevents quick access in any emergency.</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 10</p> <p>c. 200/300 Halls Living Patio - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing its weather resistant cover.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on June 20, 2018: a. 500/600 Hall Living Room - the corridor doorframe near the 600 hall is missing its strike plate. b. 500/600 Hall Living Room - the corridor doorframe near the 500 hall hits its doorframe, preventing it from closing and latching without the use of extra force. c. Front Right Living Room - the pair of doors hits the door hits its doorframe, preventing it from closing and latching without the use of extra force.</p> <p>8. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on June 20, 2018: a. Kitchen - the right Dining Room door has folded cardboard holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. Med Room - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 11</p> <p>9. 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. Findings on June 20, 2018:</p> <p>a. Kitchen - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>b. Kitchen Water Heater Room in Clean Linen - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on June 20, 2018:</p> <p>a. Bedroom 509 - one of the closet is equipped with a hasp device that potentially could trap someone in the closet..</p> <p>b. Bedroom 107 - one of the closet is equipped with a hasp device that potentially could trap someone in the closet</p> <p>11. Based on observation, the building was not maintained in a safe and operating condition Findings on June 20, 2018:</p> <p>a. Corridor near Bedrooms 606 - the handrail's end return is missing exposing rough edges.</p> <p>b. Corridor near Bedrooms 603 - the handrail's end return is missing exposing rough edges.</p>	C 189		

Division of Health Service Regulation

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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 195 C 195	Continued From page 12 Hot Water System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on June 20, 2018: a. Entire Building - hot water temperature ranged between 120-128 degrees Fahrenheit at the sinks in the Bedrooms.	C 195 C 195		
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	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL017054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2018</b>
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C 199	<p>Continued From page 13</p> <p>these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <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> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Findings on June 20, 2018:</p> <ul style="list-style-type: none"> <li>a. 400 Hall Community - the required exhaust ventilation system did not work, and there is odor.</li> <li>b. Bedroom 401 - the required exhaust ventilation system did not work, and there is odor.</li> <li>c. Men in Staff Lounge - the required exhaust ventilation system did not work, and there is odor.</li> <li>d. Laundry - the required exhaust ventilation system did not work, and there is odor.</li> </ul>	C 199		
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