STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL044041			B. WING 07			3/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SPICEWOOD COTTAGES WILLOWS 65 LOVING WAY CLYDE, NC 28721							
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	CTION SHOULD BE O THE APPROPRIATE		
C 000	Initial Comments		C 000				
	Report of Construct by Dennis Harrell of	tion Section Biennial Survey n 7-3-2018.					
	licensed on 5-9-198 Based on this information facility to meet the facil	at this facility was first 38, for a capacity of 20 beds. mation, we are requiring the 1978 Edition of the North ding Code(s), the 1987 s and Regulations for Homes sabled and the applicable ent Rules for Adult Care More Beds.					
C 111	Must Have Current	San. & Fire Safety Reports	C 111				
	fire and building saf	02 DESIGN AND					
	annual fire alarm sy not be located. Fire inspected and appre	of documents, the required vstem inspection report could e alarm systems that are not oved as required could result stem not operating properly in					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i	06 HOUSEKEEPING AND					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
HAL044041			B. WING		07/	07/03/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 166	orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not med 1. Based on observing was not maintained Findings include; a. There was a cleabove the ground of from the living room b. There was a holdiameter by 6 inches exit path from the limited in the limited path from the limited pat	e of all obstructions and apply to new and existing et as evidenced by: vation, an exterior exit pathere of obstructions. anout protruding 3 inches irectly in the exterior exit pathere. e in the ground, 18 inchests deep, directly in the exterior oom. vation, a waste trap had be dry. Dry waste traps allow le odors and possibly harder facility.	th path es in eerior been w mful	C 166			
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code	e e ed ent of	C 185			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL044041		B. WING	B. WING		07/03/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY							
SPICEW	OOD COTTAGES WIL	LOWS	NC 28721				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 185	Continued From pa	ge 2	C 185				
		the rehearsal involved. apply to new and existing					
	not available onsite	et as evidenced by: of documents, records were for the rehearsals of the fire st be maintained and available	•				
C 189 Building Equipment Maintained Safe, Operating		C 189					
	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.						
	rated wall was compenetrations that ar approved for use in construction preser begins in one space areas of the facility. Finding on 7-3-2018 Holes in the wall in kitchen.	vation, a required one-hour fire promised. Holes and the not sealed with materials one-hour fire rated at the possibility that a fire that is can quickly spread to other as; the water heater closet off the	t				
	prevented from clos	vation, corridor doors are sing quickly and latching to of fire and smoke. Corridor					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
		HAL044041	B. WING		07/	03/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 65 LOVING WAY CLYDE, NC 28721							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
C 189	doors that do not cl present the possibil one space can quic the remainder of the Findings on 7-3-20° a. The door to bed opening properly to smoke. b. The door to bed	ose completely and latch lity that a fire that begins in kly spread to the corridor and e facility.	C 189				

6899

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