

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2018
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NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
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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 Biennial Follow Up Construction Survey by Dennis Harrell on 6-25-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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. 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. Finding on 6-25-2018: a. Several (8) portable medical oxygen cylinders were stored in no rack or container in room 117 even though an approved rack was present in the room.	{C 166}	10A NCAC 13f .0306 Community contacted O2 provider and requested that an additional metal rack be placed in resident apartment for all empty containers to be kept in. Nursing staff has been in-serviced on ensuring all oxygen containers are in racks at all times when not in use	
{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	{C 189}	Executive Director or her designee will do weekly checks to ensure oxygen containers are in metal racks within resident rooms.	8-10-18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Croy E. Elliott

8-10-18

(X6) DATE

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{C 189}	<p>Continued From page 1</p> <p>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>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>Finding on 6-25-2018;</p> <p>u. A pair of doors from the corridor to the kitchen does not automatically latch when closed.</p>	{C 189}	<p>10C NCAC 13F .0311 Upon working on the doors, it was noticed that with the hood vent on in the kitchen, negative air pressure kept the doors from shutting properly. In the event of a fire, the hood would be shut off and the doors shut as they should.</p> <p>Maintenance Director will continue to check all doors to ensure proper operation bi-monthly.</p>	<p>8-10-18</p>