

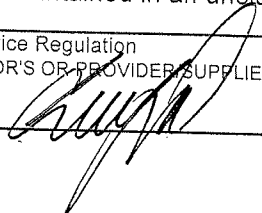
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2018
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NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE - 65 LOVING WAY CLYDE, NC 28721
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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 7-3-2018. Records indicate that this facility was first licensed on 5-9-1988, for a capacity of 20 beds. Based on this information, we are requiring the facility to meet the 1978 Edition of the North Carolina State Building Code(s), the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	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	<i>INFINITY SYSTEMS 8/20/18 WILL TEST AND INSPECT FIRE ALARM SYSTEMS 8/20/18</i>	
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	C 166		

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



TITLE

ADMINISTRATOR

(X6) DATE

8/14/18

Division of Health Service Regulation

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C 166	<p>Continued From page 1</p> <p>orderly manner, free of all obstructions and 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, an exterior exit path was not maintained free of obstructions. Findings include;</p> <p>a. There was a cleanout protruding 3 inches above the ground directly in the exterior exit path from the living room.</p> <p>b. There was a hole in the ground, 18 inches in diameter by 6 inches deep, directly in the exterior exit path from the living room.</p> <p>2. Based on observation, a waste trap had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Finding on 7-3-2018; The toilet trap was dry in the janitor's closet. Note; This deficiency was corrected during the survey.</p>	C 166	<p>1 A THE AREA AROUND THE CLEANOUT WAS BROUGHT UP TO GRADE & KEVELED OFF</p> <p>1 B HOLE WAS FILLED AND BROUGHT TO GRADE WITH EXISTING GRASS.</p>	7/12/18 7/12/18
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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</p>	C 185	<p>ALL FIRE DAILY RECORDS WILL BE MAINTAINED ON SITE IN ADMINISTRATIVE OFFICES. CURRENT COPIES WILL BE PROVIDED.</p>	7/10/18

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C 185	Continued From page 2 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, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185		
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, a required one-hour fire rated wall was compromised. 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. Finding on 7-3-2018; Holes in the wall in the water heater closet off the kitchen. 2. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor	C 189	<i>HOLES IN THE WATER HEATER CLOSET HAVE BEEN SEALED WITH FIRE RATED CAULK</i>	<i>7/10/18</i>

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C 189	Continued From page 3 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 on 7-3-2018; a. The door to bedroom 503 does not fit the opening properly to be resistant to the passage of smoke. b. The door to bedroom 508 does not fit the opening properly to be resistant to the passage of smoke.	C 189	2 A EXTENSIONS WERE PLACED ON TOP OF RM'S 503 + 508 TO PREVENT SMOKE FROM PASSING THROUGH TO OTHER AREAS.	