PRINTED: 06/21/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
	HAL056006		B. WING		06/01/2018			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FRANKLIN HOUSE 186 ONE CENTER STREET FRANKLIN, NC 28734								
(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) DMPLETE DATE		
C 000	Initial Comments		C 000					
	by Dennis Harrell o Records indicate th 10-24-2014, as a H beds, 40 of which a Based on this inforr the current Rules for	tion Section Biennial Survey n 6-1-2018. is facility was first licensed on ome for the Aged with 70 re in a Special Care Unit. nation, the facility must meet or the Licensing of Adult Care eds and the 2012 NC State						
C 150	Building Code for In	astitutional Occupancies. quipment and Obstructions PHYSICAL PLANT D5 PHYSICAL	C 150					
	(4) Corridors shall I other obstructions. This Rule is not me Based on observation maintained free of of clear width must be Findings include: There were 33 boxe	be free of all equipment and		Corridor was cleaned out sam as survey. All staff informed to deliveries must be put in appr storage departments at time of delivery. All corridors will have a minim feet of clear width effective 06 Executive Director and Manag staff will monitor daily.	hat all 06 opriate of um of 6 6/01/18.	6/01/18		
	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home: (5) be maintained ir	6 HOUSEKEEPING AND	C 166					
BORATORY	DIRECTOR'S OR PROVIDE	ERVSUPPLIER REPRESENTATIVE'S SIGN	(Idn	unistrator 6	(X6) D/ -25-/ If continuation she	8		

PRINTED: 06/21/2018 FORM APPROVED

Division of Health Service Regulation

· · · ·

AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL056006	B. WING _		06/	01/2018
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE	00/	01/2018
FRANKL	IN HOUSE		E CENTER S			
		FRANK	LIN, NC 287			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DRE	(X5) COMPLETE DATE
C 166	Continued From page 1		C 166			
		apply to new and existing				
	This Rule is not met as evidenced by: Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Finding includes; There was a cement block on the sidewalk just outside the exit near room 106.			All staff informed that no items the an obstruction of an exit path left at any exit door or pathway. Housekeeping staff to monitor da Cement block at exit was remove 06/01/18 at time of survey.	exit path will be athway. nonitor daily. s removed on	
C 185	Fire Safety-Rehearsa	als on Each Shift	C 185			
	quarterly on each shi requirement of the lo Enforcement Official. (c) Records of rehea and copies furnished social services annua include the date and the shift, staff members p description of what the	9 PLAN FOR thearsals of the fire plan ft in accordance with the cal Fire Prevention Code trsals shall be maintained to the county department of ally. The records shall time of the rehearsals, the present, and a short		Fire drill are and will continue to be h	old	
	available onsite incluc what the rehearsal inv	documents, the records ded little to no description of volved.	r	for each shift quarterly. In addition to staff fire drill sign in sheet, fire drill re listing items completed, and fire drill r a description of where the fire was for will be included in the fire drill report.	o the port record	06/29/18
C 189	Building Equipment M	laintained Safe, Operating	C 189			
F	SECTION .0300 - PH 10A NCAC 13F .0311 REQUIREMENTS Ilth Service Regulation	YSICAL PLANT OTHER				

STATE FORM

VIES21

If continuation sheet 2 of 3

PRINTED: 06/21/2018 FORM APPROVED

Division of Health Service Regulation

. . . .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		HAL056006	B. WING		06/01/2018			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
FRANKL	FRANKLIN HOUSE 186 ONE CENTER STREET							
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	N, NC 2873	1				
PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE				
C 189	C 189 Continued From page 2		C 189					
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities.						
	emergency lights we Battery powered em work properly for at endanger the reside	vation, battery powered build not work when tested. hergency lights that will not least 90 minutes could ents and staff. is include the following areas: om 301, om 414,	-	<ol> <li>New Batteries ordered to be ins malfunctioning lights. Battery pow emergency lights will be tested for functionality. Estimated completion date: 07/15/2</li> </ol>	vered			
	damaged and there fully. An exit door th	ration, the front door was fore hard to open and to close hat is hard to open could delay emergency and one that will hot lock to prevent		2) Front door will be replaced. Estimated completion date: 07/15/2	018			
	prevented from latch passage of fire and do not close comple possibility that a fire quickly spread to the of the facility. Finding includes;	ation, a corridor door was ning properly to resist the smoke. Corridor doors that tely and latch present the that begins in one space can e corridor and the remainder vas missing on the door to		3) Latchset strike will be put on the room 206. Estimated completion date: 07/15/2				
ivision of He	alth Service Regulation							

STATE FORM

VIES21

If continuation sheet 3 of 3