

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER CHUNN'S COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 67 MOUNTAIN BROOK ROAD ASHEVILLE, NC 28805		
(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 Construction Survey by Dennis Harrell and Ed Miller on 9-27-2018. Records indicate this facility was submitted on 6-11-1992, as a conversion from a Nursing Home to a Home for the Aged. The facility is currently licensed for 67 Beds. The Nursing Home was originally built and licensed circa 1968. Based on this information we are requiring the facility to meet the 1991 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1967 NC State Building Code, Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules 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; This Rule is not met as evidenced by:	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 1. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Finding on 9-27-2018: The corridor at bedroom 24 is 59 feet long there is no exit sign visible at the cross corridor doors, when the doors are closed. 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 9-27-2018: The central emergency release switch for the Special (magnetic) Locking was not labled as required by Code.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at one of the showers in the Laurel Wing shower room.	C 133		

Division of Health Service Regulation

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C 133	Continued From page 2 2. Based on observation, the only hand grip provided at the toilet in the Emerald Wing shower room was directly behind the toilet about 3 inches above the toilet tank.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 9-27-2018: There were 2 hanger racks of clothes stored in the corridor near the laundry reducing the clear width to about 4 feet 8 inches.	C 150		
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:	C 164		

Division of Health Service Regulation

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C 164	Continued From page 3 Based on observation, the building was not kept clean and in good repair. Findings on 9-27-2018: a. The exterior door and frame from the laundry were very rusty at the bottom. b. There was a strong unpleasant odor in the corridor bathroom near bedroom 1.	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 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, one side of the fire doors from the Lobby area to the Laurel Wing would not unlatch and open properly. Fire doors that are difficult to open could delay an evacuation in an emergency. 2. 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. Findings include: Two portable medical oxygen cylinders were haphazardly stored in rolling carts off balance in the O2 storage room. Note; This deficiency was corrected during the survey.	C 166		

Division of Health Service Regulation

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C 166	Continued From page 4 3. Based on observation, there was an electrical outlet hanging partly out of the wall in the beauty salon. Improperly mounted electrical outlets could be a hazard to the staff and or residents. 4. Based on observation, an electrical junction box cover plate was broken in the corridor near the Lobby area. Broken electrical cover plates could be a hazard to the staff and or residents. 5. Based on observation, a section of carpet was loose on the floor in the Lobby area. The loose carpet present a trip and fall hazard.	C 166		
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, this facility is equipped with roller latches on the bedroom doors. Roller latches are no longer allowed in new construction but are allowed to stay in place if working properly. Many bedroom doors are not capable of latching properly to resist the passage of fire and smoke. Bedroom doors that do not latch properly present the possibility that a fire that begins in one space can quickly spread to the	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 5</p> <p>bedrooms. Findings on 9-27-2018; The doors to bedrooms 1, 2, 4, 7, 8, 9, 10, 16, 17, 25, 26 and 27 do not latch properly to resist the pressure of a fire. Several other bedroom doors barely latched well enough to resist the pressure of a fire. Note; This deficiency is a recurring problem that has been citted multiple times since 2012 on many bedroom doors. If the latches cannot be made to work properly and reliably, they should be replaced with positive latching hardware.</p> <p>2. Based on observation, many other 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. Findings on 9-27-2018; a. The firewall doors near room 6 do not latch when closed by the fire alarm system. b. The latchset is missing on the door to the laundry. c. The door to room 7 does not fit the opening properly to be resistant to the passage of smoke. d. There were holes at the latchset through the door to the medroom. e. The edge of the door to the medroom was damaged at the latchset so that is could not resist to the passage of smoke. f. The door to bedroom 32 was propped open with a chair. Note; This deficiency was corrected during the survey.</p> <p>3. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in</p>	C 189		

Division of Health Service Regulation

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C 189	Continued From page 6 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. Findings on 9-27-2018; \\a. Unsealed sleeves (2) through the ceiling of the room behind the office, b. Hole in the wall of the laundry behind the washers, c. Loosely mounted gypsum board patches (2) on the ceiling in the laundry. d. Bottom of wall between laundry and kitchen deteriorating because of water on the floor, e. Hole in ceiling of the chemical closet off the kitchen office, f. Hole in the wall by a water pipe in the Laurel Wing shower room, g. Loosely mounted gypsum board patch on the ceiling in the clean linen closet on the Laurel Wing. 4. Based on observation, plumbing equipment was not maintained in working order. Findings on 9-27-2018; a. The toilet was clogged in the staff bathroom, b. The knob was missing on a shower valve in the Emerald Wing shower room, c. The toilet was clogged in the bathroom off the dining room on the Laurel Wing, d. Two of the 3 showers were not working in the shower room on the Laurel Wing.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the	C 191		

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C 191	Continued From page 7 following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings include: There was a portable electric heater found plugged in inside the Administrator's Office.	C 191		
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 these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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:	C 199		

Division of Health Service Regulation

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C 199	Continued From page 8 Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 9-27-2018; The exhaust provided was not working in the bathroom off the Laurel Wing dining room.	C 199		