

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/26/2018
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NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
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(C 000)	<p>Initial Comments</p> <p>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on September 26, 2018.</p> <p>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. Two new deficiencies were cited.</p>	(C 000)		
(C 154)	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(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, the Building was not kept in good repair, because the doors failed to function as originally intended or are missing.</p> <p>Findings on September 26, 2018:</p> <p>a. Bedroom 509 - one of the closet's bi-fold doors was off and propped against the wall. Interview with staff revealed that the door had been repaired.</p> <p>2. Based on observation, the building floors are not kept clean and in good repair.</p> <p>Findings on September 26, 2018:</p> <p>a. Beauty Shop/Vending/Laundry - the seamless floor is separating at the joint. Interview with staff</p>	(C 154)	<p>10. Completed</p>	<p>10/23/18</p>

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

Gloria Lynn

TITLE

Administrator

(X5) DATE

10/23/18

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{C 164}	Continued From page 1 revealed that the repairs are taking longer than expected.	{C 164}	<i>a. Waiting on quotes to repair.</i>	<i>11/7/18</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 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 plumbing equipment was not maintained in a clean and orderly manner free of hazards. Findings on September 26, 2018: a. Bedroom 507/509 Shared Bathroom - the fiberglass shower floor is broken and needs repairing or replacing. Interview with staff revealed that the new shower unit had not come in. b. Bedroom 410 Bathroom - the connection of the commode to the floor is loose. The toilet appears to have new caulking around the perimeter, but the toilet is still loose. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance is not being done or completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all.	{C 166}	<i>a. Awaiting quotes for repair</i> <i>b. Completed</i>	<i>11/7/18</i> <i>10/18/18</i>

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(C 166)	Continued From page 2 Findings on September 26, 2018: a. Bedroom 202 Bathroom - the mounting bracket for a removed towel hook remains attached to the wall. This bracket has rough and sharp edges, which could cause injury. The brackets were removed and the hazard has been corrected. However, the bathroom is required to have two towel bars,	(C 166)	a. Completed	10/20/18
(C 183)	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on September 26, 2018: a. Riser Room - the last annual maintenance check of the portable fire extinguisher was last performed in February 2017. b. Electrical Equipment Room near Bedroom 110 - the last annual maintenance check of the portable fire extinguisher was last performed in February 2017. c. Electrical Equipment Room near Bedroom 110 - the portable fire extinguisher is sitting on the	(C 183)	1. To be completed a. To be completed b. To be completed	11/7/18 11/7/18 11/7/18

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(C 183)	Continued From page 3 floor, not mounted as required by NFPA 10.	(C 183)	<i>C. Completed</i>	<i>10/18/18</i>
(C 189)	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, fire rated doors of hazardous or incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin.</p> <p>Findings on September 26, 2018: a. Laundry - the corridor doors, part of the fire-resistance-rated enclosure with 45 min rated doors are held open with permanent magnets. The magnets were removed but staff had the door propped open with a table.</p> <p>New Deficiency:</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if</p>	(C 189)	<i>a. Completed</i>	<i>12/1/18</i>

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(C 189)	<p>Continued From page 4</p> <p>not contained in Room of origin.</p> <p>Findings on September 26, 2018:</p> <p>a. Laundry - an escutcheon plate is missing from the sprinkler head nearest the door leaving a hole in the fire-resistance-rated ceiling assembly.</p> <p>3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on September 26, 2018:</p> <p>a. Electrical Equipment Room next to Bedroom 410 - housekeeping carts and buckets are stored in front of the electrical panels, limiting the required 36-inches minimum clear working. This prevents quick access in any emergency. Interview with maintenance revealed that he had talked to staff about not storing items in front of the electrical panels. He would continue to work on this item.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin.</p> <p>Findings on September 26, 2018:</p> <p>a. 500/600 Hall Living Room - the corridor doorframe near the 500 hall hits its doorframe, preventing it from closing and latching without the use of extra force.</p> <p>b. Front Right Living Room - the pair of doors hits the door hits its doorframe, preventing it from closing and latching without the use of extra force.</p>	(C 189)	<p>a. Completed</p> <p>a. Completed</p> <p>a. Completed</p> <p>b. Completed</p>	<p>10/20/18</p> <p>10/8/18</p> <p>10/15/18</p> <p>10/15/18</p>
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(C 189)	<p>Continued From page 5</p> <p>5. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin.</p> <p>Findings on September 26, 2018: a. Med Room - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Interview with maintenance staff revealed that he had removed the wedge and the staff had placed another in the door.</p> <p>6. Based on observation, the building was not maintained in a safe and operating condition.</p> <p>Findings on September 26, 2018: a. Corridor near Bedrooms 606 - the handrail's end return is missing exposing rough edges. Interview with staff revealed that the parts for the handrails had not arrived to date. b. Corridor near Bedrooms 603 - the handrail's end return is missing exposing rough edges. Interview with staff revealed that the parts for the handrails had not arrived to date.</p> <p>New Deficiency:</p> <p>7. Based on observation there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on September 26, 2018: a. At the time of the follow up survey, the fire alarm panel was indicating trouble at the SVC</p>	(C 189)	<p>a. Wedge removed. Completed</p> <p>Oyb waiting on pricing</p>	<p>10/2/18</p> <p>11/7/18</p>

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(C 189)	Continued From page 6 Hall @ Library beginning 9/17/18. Staff was not aware of the trouble on the panel. They conducted a fire drill around that date.	(C 189) a.	in the process of being repaired.	11/7/18
(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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 26, 2018: a. 400 Hall Community - the required exhaust ventilation system did not work. Interview with maintenance revealed that he thought this unit was tied into all four that were not working and that this had been repaired. Two of the four exhaust fans tested were working. b. Bedroom 401 - the required exhaust	(C 199) a.	Completed	10/3/18

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(C 199)	Continued From page 7 ventilation system did not work, and there is odor. Interview with maintenance revealed that he thought this unit was tied into all four that were not working and that this had been repaired. Two of the four exhaust fans tested were working.	(C 199) b.	Completed	10/31/18