| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b>  |                               | (X3) DATE SURVEY<br>COMPLETED   |          |                         |
|--|---|---|-------------------------------|---|----------|-------------------------|
|  |   |   | A. BUILDING: 01               |   | R        |                         |
| HAL017054  |   | B. WING   |                               | 11/29/2018  |          |                         |
| NAME OF F  | ROVIDER OR SUPPLIER   |   | DRESS, CITY, ST               |   |          |                         |
| CASWEL   | L HOUSE   |   | IGHWAY 158 \<br>/ILLE, NC 273 |   |          |                         |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br><sup>7</sup> MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)              | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE AP<br>DEFICIENCY) | IOULD BE | (X5)<br>COMPLET<br>DATE |
| {C 000}  | Initial Comments  |   | {C 000}                       |   |          |                         |
|  |   | I Follow Up Construction<br>ank Strickland on 11/29/2018:   |                               |   |          |                         |
|  | Biennial Construction   | cited deficiencies from the<br>on Survey that require<br>Id a new Plan of Correction is                     |                               |   |          |                         |
| {C 164}  | Housekeeping and  | Furnishings-Clean, Repaired   | {C 164}                       |   |          |                         |
|  | FURNISHINGS<br>(a) Adult care home<br>(1) have walls, ceil<br>coverings kept clea<br>(2) have no chronic<br>(3) have furniture of | 06 HOUSEKEEPING AND   |                               |   |          |                         |
|  | This Rule is not me<br>2. Based on obser<br>not kept clean and  | vation, the building floors are   |                               |   |          |                         |
|  | floor is separating a   | 2018:<br>nding/Laundry - the seamless<br>at the joint. Interview with staff<br>pairs are taking longer than |                               |   |          |                         |
| {C 189}  | Building Equipment  | Maintained Safe, Operating  | {C 189}                       |   |          |                         |
|  | SECTION .0300 - F<br>10A NCAC 13F .03<br>REQUIREMENTS<br>(a) The building an  |   |                               |   |          |                         |

|   | of Health Service Re<br>IT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA  |                        | CONSTRUCTION   | (V2) DAT                      |                          |
|---|---|--|------------------------|--|-------------------------------|--------------------------|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   |  | A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|   |   | B. WING  |                        | R<br>29/2018   |                               |                          |
| NAME OF F                                     | PROVIDER OR SUPPLIER  | STREET AL  | DRESS, CITY, ST        | TATE, ZIP CODE   |                               |                          |
| CASWEL  | L HOUSE   |  | IGHWAY 158             |  |                               |                          |
|   |   |  | VILLE, NC 27           |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                      | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG    | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1<br>DEFICIENC | TION SHOULD BE                | (X5)<br>COMPLETE<br>DATE |
| {C 189}                                       | Continued From pa   | ge 1   | {C 189}                |  |                               |                          |
|   | care home shall be<br>operating condition<br>(k) This Rule shall<br>facilities with the ex<br>which shall not app<br>This Rule is not me                      | apply to new and existing<br>ception of Paragraph (e)<br>ly to existing facilities.<br>et as evidenced by:   |                        |  |                               |                          |
|   | hazardous or Incide<br>maintained in a safe<br>not maintaining the<br>doors, keeping roor<br>Code defines as "H<br>separated from the<br>could affect residen | vation, fire rated doors of<br>ental areas are not being<br>e and operating condition. By<br>fire and smoke resistance of<br>ms the NC State Building<br>azardous or Incidental Area"<br>rest of the Building. This<br>hts, staff and visitors if<br>ontained in Room of origin. |                        |  |                               |                          |
|   | fire-resistance-rated<br>doors are held open  | rridor doors, part of the<br>d enclosure with 45 min rated<br>n with permanent magnets.<br>removed but staff had the   |                        |  |                               |                          |
|   | New Deficiency:   |  |                        |  |                               |                          |
|   | was not maintained  | vations, the Building fire safety<br>I in a safe and operating<br>d expose all to fire/smoke if<br>om of origin.   |                        |  |                               |                          |
|   | the sprinkler head r  | nber 26, 2018:<br>cutcheon plate is missing from<br>nearest the door leaving a hole<br>e-rated ceiling assembly.   |                        |  |                               |                          |
|   |   | vation, the Facility failed to<br>cal system in a safe and   |                        |  |                               |                          |

| STATEMEN      | of Health Service Re<br>IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b> |   | (X3) DATE SURVEY<br>COMPLETED |                 |
|---------------|--|--|--|---|-------------------------------|-----------------|
| HAL017054     |  |  |  |   | R                             |                 |
|               |  | B. WING  |  | 11/2  | 29/2018                       |                 |
| NAME OF F     | PROVIDER OR SUPPLIER   |  | DDRESS, CITY, S                                      |   |                               |                 |
| CASWEL        | L HOUSE  |  | HIGHWAY 158 VILLE, NC 27                             |   |                               |                 |
| (X4) ID       | SUMMARY STA  |  | ID   | PROVIDER'S PLAN OF C  | CORRECTION                    | (X5)            |
| PRÉFIX<br>TAG |  | MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG  | (EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO TH<br>DEFICIENCY | HE APPROPRIATE                | COMPLET<br>DATE |
| {C 189}       | Continued From pa  | ge 2   | {C 189}  |   |                               |                 |
|               | operating condition  |  |  |   |                               |                 |
|               | <ul> <li>410 - housekeeping<br/>in front of the electr<br/>required 36-inches<br/>prevents quick acce<br/>Interview with main<br/>talked to staff about<br/>the electrical panels<br/>on this item.</li> <li>4. Based on obser-<br/>maintained in a safe<br/>because the corridor<br/>passage of smoke.<br/>latch into their fram<br/>This could affect all</li> </ul> | hber 26, 2018:<br>nent Room next to Bedroom<br>g carts and buckets are stored<br>ical panels, limiting the<br>minimum clear working. This<br>ess in any emergency.<br>tenance revealed that he had<br>t not storing items in front of<br>s. He would continue to work<br>vation, the Building was not<br>e and operating condition,<br>or doors do not resist the<br>Corridor door must positively<br>e under normal closing force.<br>residents, staff, and visitors if<br>tch to contain smoke/fire in |  |   |                               |                 |
|               | doorframe near the<br>preventing it from c<br>use of extra force.<br>b. Front Right Livin<br>hits the door hits its  | nber 26, 2018:<br>ing Room - the corridor<br>500 hall hits its doorframe,<br>losing and latching without the<br>g Room - the pair of doors<br>doorframe, preventing it from<br>g without the use of extra  |  |   |                               |                 |
|               | not maintained in a  | vation, the corridor doors are<br>safe and operating condition.<br>ot containing smoke and fire<br>n.  |  |   |                               |                 |
|               |  | nber 26, 2018:<br>e corridor door has a wedge<br>en. This prevents the rapid   |  |   |                               |                 |

| Division                 | of Health Service Re   | egulation   |                                 |   | FORM        | APPROVED                      |  |
|--------------------------|--|---|---------------------------------|---|-------------|-------------------------------|--|
| STATEMEN                 | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: ( | CONSTRUCTION<br>D1  |             | (X3) DATE SURVEY<br>COMPLETED |  |
| HAL017054                |  | B. WING   |                                 | R<br>29/2018  |             |                               |  |
| NAME OF I                | PROVIDER OR SUPPLIER   | STREET AL   | DRESS, CITY, S                  | TATE, ZIP CODE  |             |                               |  |
| CASWEL                   | L HOUSE  |   | IGHWAY 158                      |   |             |                               |  |
|                          | SI IMMA DV STA   |   | VILLE, NC 27                    | 979<br>PROVIDER'S PLAN OF CO                                      | PRECTION    | (XE)                          |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ( MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG             | (EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | N SHOULD BE | (X5)<br>COMPLETE<br>DATE      |  |
| {C 189}                  | Continued From pa  | ige 3   | {C 189}                         |   |             |                               |  |
|                          | door, to close and I<br>maintenance staff r  | with a light push or pull of the<br>atch. Interview with<br>evealed that he had removed<br>staff had placed another in the  |                                 |   |             |                               |  |
|                          |  | vation, the building was not<br>e and operating condition.  |                                 |   |             |                               |  |
|                          | end return is missir<br>Interview with staff<br>handrails had not a<br>b. Corridor near Be<br>end return is missir | edrooms 606 - the handrail's<br>ng exposing rough edges.<br>revealed that the parts for the<br>rrived to date.<br>edrooms 603 - the handrail's<br>ng exposing rough edges.<br>revealed that the parts for the |                                 |   |             |                               |  |
|                          | New Deficiency:  |   |                                 |   |             |                               |  |
|                          | maintain the facility<br>system devices and<br>operating condition   | vation there is failure to<br>'s emergency fire alarm<br>d equipment in a safe<br>. All the occupants of the<br>ected if the equipment failed to<br>in case of a fire.  |                                 |   |             |                               |  |
|                          | alarm panel was in<br>Hall @ Library begi  | e follow up survey, the fire<br>dicating trouble at the SVC<br>nning 9/17/18. Staff was not<br>e on the panel. They   |                                 |   |             |                               |  |
| ivision of H             | equipment was not<br>operating manor. T  | ation, the Building fire safety<br>maintained in a safe and<br>his could endanger residents if<br>in smoke or fire in the room of   |                                 |   |             |                               |  |

| STATEMEN                                      | of Health Service Re  | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE           | CONSTRUCTION   |                | ESURVEY |
|---|---|---|-------------------------|--|----------------|---------|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | IDENTIFICATION NUMBER:  | A. BUILDING: <b>01</b>  |  | COM            | PLETED  |
|   |   | B. WING   |                         | R<br>29/2018   |                |         |
| NAME OF F                                     | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, ST        | TATE, ZIP CODE   |                |         |
| CASWEL  | L HOUSE   |   | HGHWAY 158 VILLE, NC 27 |  |                |         |
| (X4) ID                                       | SUMMARY STA   |   | ID                      | PROVIDER'S PLAN OF   | CORRECTION     | (X5)    |
| PREFIX<br>TAG                                 | (EACH DEFICIENCY  | MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG           | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | TION SHOULD BE | COMPLET |
| {C 189}                                       | Continued From pa   | ge 4  | {C 189}                 |  |                |         |
|   | fire origin.  |   |                         |  |                |         |
|   |   | or has been completely<br>loor frame, leaving that room   |                         |  |                |         |
| {C 199}                                       | Exhaust Ventilation   |   | {C 199}                 |  |                |         |
|   | provided with exhau<br>two cubic feet per n<br>requirement does n<br>before April 1, 1984<br>these specified spa<br>(1) soiled linen stor<br>(2) soil utility room;<br>(3) bathrooms and<br>(4) housekeeping of<br>(5) laundry area.<br>(k) This Rule shall<br>facilities with the ex-<br>which shall not app | 11 OTHER<br>ed in this Paragraph shall be<br>ust ventilation at the rate of<br>ninute per square foot. This<br>iot apply to facilities licensed<br>, with natural ventilation in<br>ces:<br>rage;<br>toilet rooms;<br>closets; and<br>apply to new and existing<br>ception of Paragraph (e)<br>ly to existing facilities. |                         |  |                |         |
|   | plastic sheet, the fa<br>ventilation system in<br>could affect all resid<br>preventing the exha<br>Findings on 11/29/2  | vation and testing with a thin<br>cility failed to maintain the<br>n proper working order. This<br>dents, staff, and visitors by<br>austing of odors.   |                         |  |                |         |
|   | ventilation system of maintenance revea   | lid not work. Interview with<br>led that he thought this unit<br>r that were not working and  |                         |  |                |         |

| Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION  |                     | (X3) DATE  | (X3) DATE SURVEY                 |                         |
|---|---|---|---------------------|--|----------------------------------|-------------------------|
| HAL017054   |   | A. BUILDING: <b>01</b>  |                     | COMPLETED  |                                  |                         |
|   |   | B. WING   |                     |  | R<br><b>29/2018</b>              |                         |
| IAME OF I   | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, ST    | TATE, ZIP CODE   |                                  |                         |
| CASWEL  | L HOUSE   |   | HIGHWAY 158         |  |                                  |                         |
| 0(1) 15   |   |   | VILLE, NC 27        | PROVIDER'S PLAN OF   |                                  |                         |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| {C 199}   | Continued From pa   | ige 5   | {C 199}             |  |                                  |                         |
|   | exhaust fans tested<br>b. Bedroom 401 - 1<br>ventilation system of<br>Interview with main<br>thought this unit wa<br>not working and that | repaired. Two of the four<br>d were working.<br>the required exhaust<br>did not work, and there is odor<br>tenance revealed that he<br>is tied into all four that were<br>at this had been repaired. Two<br>fans tested were working. |                     |  |                                  |                         |