

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	-QA / Audits for all def. are as follows: -to ⁿ Daily cove rounds will be performed to all areas of facility & areas of concern reported to maintenance dir. or Designer in Am Stand-up. Any repairs will be then reported to Administrator or Designer.	
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	-Monthly inspections/ Deep clean of all res. rooms & all other areas of facility by maintenance Director/ EVS staff. Repairs will be made & reported to Administrator or Designer immediately.	

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

Deedee Rice, RN/BON/ADM

TITLE

RN/BON/ADM

(X6) DATE

10/31/18

STATE FORM

6899

BWBZ21

If continuation sheet 1 of 9

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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 labeled as required by Code.	C 101	- New emergency exit sign will be installed by electrician by November 30, 2018. monthly - Sign for the emergency door release was placed over the switch on 9/27/18. Routine monthly inspection by maintenance Director or Designer will be performed; will report to QA committee / Administrator.	11/30/18
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	- Hand rails to Laurel shower room will be installed by 11/30/18.	11/30/18

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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	- Hand rail will be installed beside toilet by 11/30/18.	11/30/18	
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	- Laundry carts were removed immediately. Daily rounds will be made by maintenance designed to ensure corridors are free from obstruction.	9/27/18	
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			

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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	- Exterior Door to laundry room will be sanded and painted By November 15, 2018 Maintenance or Designer will monitor facility to ensure all aspects are kept in good repair.	11/15/18
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	- Facility has added an additional Housekeeping staff to ensure facility is clean & odor free. Cove Nourish will be performed daily to ensure there are no odors & to monitor for housekeeping issues. Nourish will be performed by administrative staff. C166 - All rooms & O2 storage 9/27/18 closet were checked on 9/27/18 & any issues corrected. Maintenance Director or Designer will monitor closet & rooms when report to Administration or Designer for educational opportunity.	

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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	- Staff education re: O ² storage provided on 9/29/18. - Electrical outlet in beauty shop repaired on 9/27/18 - Outlet cover in administrative hallway was replaced on 9/29/18.	9/29/18 9/27/18 9/29/18
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	- Carpet was resealed to floor on 9/27/18. This is the access point for plumbing under carpet.	9/27/18

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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	- sleeves (2) through ceiling will be sealed by 11/15/18. - Hole in wall to laundry room patched on 10/31/18. - loosely mounted gypsum board x2 replaced & sealed by 12/15/18. - Hole in chemical closet will be patched/sealed by 12/15/18. - Hole in Laurel room shower room patched & sealed by 12/15/18. - Staff pm unclogged on 9/30/18. - Shower fixture will be replaced by 11/30/18. - Toilet unclogged to Laurel DR BR on 9/30/18. - All shower stalls will be usable/working by 12/15/18.	11/15/18 10/31/18 12/15/18 12/15/18 12/15/18 12/15/18 9/30/18 11/30/18 9/30/18 12/15/18
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	-Spa heater removed on 9/27/18 from Administrator's office	
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	- Exhaust Fan will be repaired or replaced by 11/30/18.	11/30/18

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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			