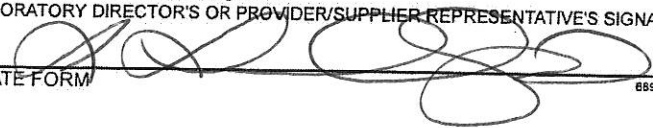


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL071015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHE GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 WEST ASHE STREET BURGAW, NC 28425</b>
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C 000	Initial Comments  Report of Construction Section Biennial Survey by Dennis Harrell on 12-5-2018.  Records indicate this facility was first licensed as a Home for the Aged on 1-24-1996. The facility is currently licensed as a 60 bed Special Care Unit. Therefore the facility must meet the 1996 North Carolina State Building Code Section 409.1 Group I - Unrestrained, the 1996 Rules for Adult Care Homes and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions, set forth in the statement of deficiencies, the plan of correction is prepared solely as a matter of compliance with the law.	
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: 1. Based on observation, the facility failed to meet the NC State Building Code that allows Special Locking (magnetic locks) on the exit	C 101	10A NCAC 13 F .0301 Application of Physical Plant Requirements NC State Building Code requires that special locking (Magnetic Locks) with emergency release switch is of the locking type all staff must carry emergency release switch keys  Facility will assure that all staff have an emergency release switch key.  Facility has made additional keys to Magnetic Emergency Release Switches.  These additional keys are located on each Med Cart and Med Tech Key Rings  All Staff will be In-Serviced on Emergency Release Switch Keys and location of additional keys	01/07/18   12/28/18  01/07/18

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Interim Executive Director** (X6) DATE **1/2/19**

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C 101	Continued From page 1  doors. The required emergency release switch located at each magnetically locked exit door was of the locking type. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 12-5-2018: a. Some staff did not carry release switch keys. b. Some staff actually had a key but were not aware they had the key. c. Some staff were not aware of the existence or use of the emergency release switch. d. At least one key was found to be worn and would no longer operate the switch.  2. Based on observation and interview, many staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	C 101		
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 was not maintained in a safe manner by not properly	C 166	Physical Plant 10A NCAC 13F .306 Housekeeping and Furnishings  1) Proper storage of portable medical oxygen cylinders.  Facility will assure that all portable medical oxygen cylinders are stored properly.  Facility contacted portabel oxygen provider to bring in proper storage containers. All portable oxygen cylinders are now stored in proper containers.	12/28/18  12/28/18

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C 166	<p>Continued From page 2</p> <p>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 on 12-5-2018:</p> <p>a. Four portable medical oxygen cylinders were stored in an unapproved beverage crate in the med room.</p> <p>b. Two portable medical oxygen cylinders were stored in no container or rack in the med room.</p> <p>c. Two portable medical oxygen cylinders were stored in no container or rack in the chart room.</p> <p>2. Based on observation, there was no documentation of the required in house/owner's monthly inspections for the fire extinguisher in the dining room. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.</p> <p>3. Based on observation, the ice machine drain line was laying directly on the floor. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p> <p>4. Based on observation, there was no key onsite to allow entry into the Administrator's office to survey for hazards.</p>	C 166	<p>Continued from page 2</p> <p>2) Fire Extinguishers must be inspected monthly.</p> <p>Facility will assure that all fire extinguishers are inspected monthly and documentation of inspection is on the tag provided on the extinguisher.</p> <p>Facility has completed inspection of fire extinguishers and assured documentation of inspection on the tag provided on the extinguisher.</p> <p>3) Ice Machine drain line must be maintained at least 2 inches above the floor or floor drain.</p> <p>Facility will assure that ice machine drain line is maintained at least 2 inches above the floor or floor drain.</p> <p>Facility maintenance has corrected and moved ice machine drain line at least 2 inches off of floor/floor drain.</p> <p>4) Keys to entry of Administrator's Office</p> <p>Facility has made additional keys for managers to allow entry to administrator's office</p>	<p>12/06/18</p> <p>12/06/18</p> <p>12/6/18</p> <p>12/6/18</p> <p>12/28/18</p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the</p>	C 185		

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C 185	<p>Continued From page 3</p> <p>requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency.</p> <p>Findings include:</p> <p>a. In the 1st quarter of this year, there was no rehearsal done during the 1st shift.</p> <p>b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift.</p> <p>2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.</p>	C 185	<p>Continued from page 3</p> <p>Physical Plant 10A NCAC 13F .309 Plan for evacuation- Fire Drill Rehearsals</p> <p>Facility will assure rehearsals of the fire plan is conduted quarterly on each shift. Records of these rehearsals will be maintained in the facility.</p> <p>Facility has conducted In-Service with all staff on Fire Drills and Fire Protection.</p>	12/18/18 and 12/19/18
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	C 189	Passage knob replaced and push rings are up	12-27-18

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C 189	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire alarm system "Silence" feature would not work. Fire alarm systems that do not operate fully as designed may fail to operate properly when needed.</p> <p>2. Based on observation, 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 12-5-2018; a. The 3/4 hour fire door to the soiled linen room was propped open. This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. b. The door to the chart room was wedged open. c. The door to room 116 will not latch when closed.</p> <p>3. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Women's bathroom, b. Housekeeping by Men's bathroom, c. Dietary Director's office.</p> <p>4. Based on observation, the sprinkler system was not maintained in a safe condition, Finding on 12-5-2018;</p>	C 189	<p>1) Administration contacted "First Fire Systems" regarding the "silence feature" alarm and the urgency of the repair.</p> <p>2) Passage knob/latch replaced and push rings are up a) 3/4 hour fire door self close b) chart room door self close c) latch replaced to room 116</p> <p>Push rings are up and mounted properly (a),(b) &amp; (c)</p> <p>4) continue to the next page</p>	<p>12-27-18</p> <p>12-27-18</p> <p>12-27-18</p>



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C 189	Continued From page 5 A flexible conduit had pulled apart exposing the wires on the sprinkler riser.  5. Based on observation, the required one-hour fire rated ceiling was compromised in a location. Holes and penetrations that are not sealed with materials approved for use in 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. Finding on 12-5-2018: Unsealed wire penetration in the ceiling of the med room.	C 189	4) Facility maintenance will repair and re-attach flexible conduit and secure wires of the sprinkler riser.  5) Facility maintenance will reseal opening with approved rated materials for use in the one-hour fire rated construction.	1/8/19  1/8/19