

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2019
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NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE HENDERSONVILLE, NC 28792
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(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 Construction Section Biennial Survey by Dennis Harrell on 3-7-2019. Records indicate this facility was licensed on 12-14-2000, as a Home for the Aged serving 60 residents. Therefore, this facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code, 1999 revisions, section 409.1.	C 000		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite failed to comply with the rule listed above. Findings on 3-7-2019; a. Most of the available records failed to include the time of the rehearsal. b. Several of the available records failed to include the shift when the rehearsal was done. c. All of the available records included little to no	C 185		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 185	Continued From page 1 description of what the rehearsal involved.	C 185		
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> <p>This Rule is not met as evidenced by:</p> <p>1. 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 3-7-2019;</p> <p>a. The smoke barrier doors in the basement failed to latch when closed by the fire alarm system.</p> <p>b..The door to room 4222 could not close and latch because of a decorative hanger. Note; This deficiency was corrected during the survey.</p> <p>c. A wedge was found at the 45 minute fire rated door to the maintenance office. The wedge indicates the door is sometimes wedged open. Note; This deficiency was corrected during the survey.</p> <p>2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>in locations. 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. Findings on 3-7-2019;</p> <p>a. Unsealed penetrations (2) in the ceiling of the electrical room near room 4218.</p> <p>b. Unsealed sleeve in the electrical room near room 3118.</p> <p>Note; These deficiencies were corrected during the survey.</p> <p>3. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. 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. Finding on -7-2019; The ice machine drain line was laying directly on the floor drain. Note; This deficiency was corrected during the survey.</p>	C 189		
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