
FAX COVER SHEET

To: Dennis Harrell DHSR

From: Alex Tucker

Company: _____

Company: Carolina Village

Fax: 9197336592

Phone: 828-233-0629

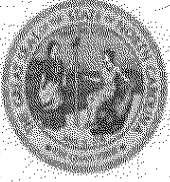
Date: 4/3/2019

Pages w/cover: 9

Subject:

PDF File

Comments:



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 19, 2019

Kevin Parries
600 Carolina Village
Hendersonville, NC 28792

RE: Carolina Village - HA Biennial Survey
600 Carolina Village
Hendersonville Henderson County
FID #011225 Hal045067

Dear Mr. Parries:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on March 7, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by April 3, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by April 3, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by April 3, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Henderson County DSS - with attachment-(via e-mail only)

PRINTED: 03/19/2019
FORM APPROVED

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	<p>Initial Comments</p> <p>Report of Construction Section Bienhial Survey by Dennis Harrell on 3-7-2019.</p> <p>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.</p>	C 000		
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 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: 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</p>	C 185	<p>C 185 Fire Safety Rehearsals on Each Shift</p> <p>a. Fire drills to be recorded on a form supplied by Direct Supply. The form to be used is attached with this report. This form list: the time of the fire drill, what shift it is being done on, and a space to give a description of the drill and where it was done.</p> <p>b. This form will be used each month for fire drills and will be followed up by Maintenance Director or his designee to ensure compliance. New form to be used beginning in April and moving forward for all drills.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Alex Turner

Administrator

4-3-2019

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FORM APPROVED

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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; a. The smoke barrier doors in the basement failed to latch when closed by the fire alarm system. b. The door to room 4222 could not close and latch because of a decorative hanger. Note; This deficiency was corrected during the survey. 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	<p>C189 Building Equipment Maintained Safe, Operating</p> <p>1. A. Smoke barrier door in basement latch replaced and checked by maintenance director to ensure it latches when door is closing. Video attached showing door latching. Maintenance director to check door 1x a week for 3 weeks to ensure it is still working. To be completed by 4/19/2019 B. Corrected During Survey C. Corrected During Survey</p> <p>2. A. Penetrations and unsealed areas fixed during survey B. Corrected during survey.</p> <p>3. Drain line corrected and fixed during survey.</p>	

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C 189	Continued From page 2 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; a. Unsealed penetrations (2) in the ceiling of the electrical room near room 4218. b. Unsealed sleeve in the electrical room near room 3118. Note; These deficiencies were corrected during the survey. 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.	C 189		

INSTRUCTIONS

Carolina Village Medical Center - Hendersonville, NC 28792-2996
Fire Drills: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Due by: April 30, 2019



Completed By: _____

Date: _____

Steps:

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
11. Have maintenance staff reset the alarm system
12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

1. Confirm that annunciator panel(s) indicated the proper zone of the fire
2. Conduct a walk-through inspection checking the following items
3. Magnetic outside courtyard gate releases
4. Magnetic over ride button operates properly
 - o Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 1. Dining Rooms
 2. Kitchen
 3. Laundry
 4. Shower Rooms
 5. Therapy/Gym
 - o Magnetically operated fire/smoke doors closed and latched with no gaps
 - o Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved
3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training
5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

Building: _____ Main Building

Date: _____

Start Time: _____

End Time: _____

Location in Building: _____

Drill Initiated By (Name & Position): _____

Participants (Names & Positions): _____

Response Time: _____

Was alarm received by fire department, police or by monitoring company?:

- NA
- Fire Dept
- Police
- Alarm Monitoring Company

Did the monitoring company received the alarm signal?:

- NA Yes No

Time signal was received?: _____

*Monitoring company name: _____

*Operator name/ID number: _____

Resident Head Count: _____

Staff Head Count: _____

Visitor Head Count: _____

All Fire Equipment Functional? (if "No," please describe in the Remarks Section):

- Yes No

Visible/Audio Devices Checked?:

- Yes No

Fire Panel Performed Properly? (if "No," please describe in the Remarks section):

- Yes No

Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):

- Yes No NA

Ventilation System Shut Down? (if "No," please describe in the Remarks section):

- Yes No NA

Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):

- Yes No

Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):

- Yes No

Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):

- Yes No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):

- Yes No

Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):

- Yes No

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):

- Yes No

External Weather Condition: _____

Remarks of Person Holding Drill: _____