STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL022005 08/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST **HAYESVILLE HOUSE** HAYESVILLE, NC 28904 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller, conducted on August 28, 2019. Records indicate this facility was originally constructed and licensed as a nursing home. The facility was licensed for the first time as an Adult Care Home on 6-29-2012, (submitted on 5-23-2011). The facility is currently licensed as a 60 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009 Edition of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a safe condition. Findings on August 28, 2019: a. Back Exits - the sidewalks and porches do not have a smooth transition with the adjacent ground creating a tripping/step hazard.

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		` '	X3) DATE SURVEY COMPLETED	
		HAL022005	B. WING		08/2	8/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HAYESV	ILLE HOUSE	480 OLD (		.04			
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C 164	Continued From pa	ge 1	C 164				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
	This Rule is not met as evidenced by:  1. Based on observation, the building walls are not kept in good repair. Findings on August 28, 2019:  a. Corridor near Bedrooms 102 - the handrail's end return is missing exposing rough edges.						
	good repair. Findings on August a. Beauty Shop -	s are not kept clean and in					
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166				
	orderly manner, fre hazards;	06 HOUSEKEEPING AND					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY LETED
		1141,00005	B. WING		00/00/0040	
		HAL022005			08/2	8/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HAYESV	ILLE HOUSE	480 OLD ( HAYESVII	LE, NC 289	04		
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C 166	Continued From pa	ge 2	C 166			
	facilities.					
	raciii.cc.					
	This Rule is not met as evidenced by:  1. Based on Observation, the Building was not maintained free of hazards, if compressed gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on August 28, 2019:  a. Bedroom 305 - a portable medical oxygen cylinder is standing up on a refrigerator not physically secured in a rack, stand or chained to the structure.  b. Soiled Utility/Oxygen Room - a helium cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure.  c. Resident Care Manager Office - a portable medical oxygen cylinder is standing up on a desk not physically secured in a rack, stand or chained to the structure.					
C 189	Building Equipment	: Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  Id all fire safety, electrical,  umbing equipment in an adult  maintained in a safe and				
		et as evidenced by: rvation, the building's ent was not maintained in a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL022005	B. WING		08/2	8/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/2	0/2019
		480 OLD		STATE, ZIF GODE		
HAYESV	ILLE HOUSE	HAYESVIL	LE, NC 289	04		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	safe and operating if they could not produring an emergence Findings on August a. Front Left Exit directional indicator indicating that you sway out is straight.  2. Based on obse maintained in a safe because the door(s smoke barrier do not to restrict fire and sresidents, staff, and smoke of the fire in Findings on August b. Smoke Barrier the double-egress clatch into the frame released the doors.  3. Based on Obse maintained in a safe because some build function as originall This could affect all the component doe contain smoke/fire origin Findings on August a. Cross-Corridor left panic hardware where the vertical reference of the common of the commo	condition. This would affect all amptly find their way to an exit cy.  28, 2019:  the exit sign has a chevron punch-out removed, should turn right to exit, but the exit operating condition, protecting the opening in the ot close completely and latch moke. This could affect all divisitors by not containing the the compartment of origin.  28, 2019:  100 Wing - the back leaf, of cross-corridor doors, does not when the fire alarm system  ervation, the Building was not e and operating condition, ding components failed to y intended or are missing.  residents, staff and visitors if s not function and cannot in the fire compartment of	C 189			

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
			B. WING		00/00/00/0	
		HAL022005	B. WING		08/2	8/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		480 OLD				
HAYESV	ILLE HOUSE		LLE, NC 289	004		
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1710		,	17.0	DEFICIENCY)		
0.400			0.400			
C 189	Continued From pa	ge 4	C 189			
	ensure a properly w	vorking system. This could				
		aff, and visitors if the				
		hood's suppression system				
	fails to operate prop					
	Findings on August					
		March 2019, when the last				
		enance was performed on the				
		hood's fire suppression				
		peen no documentation of the				
	,					
	monthly in-house/or	when inspections.				
	E Pasad on aboa	nyotions, the Building fire				
	5. Based on observations, the Building fire safety was not maintained in a safe and operating					
		d expose all to fire/smoke if				
	not contained in roo					
	Findings on August					
		anical Room - there is a hole				
		pped as it penetrates the				
	fire-resistance-rate					
		anical Room - there is a hole				
		etrates the smoke tight				
	corridor wall.					
		cal Room - there is a gap				
		ot firestopped as it penetrates				
		rated ceiling assembly.				
		cal Room - there is an				
		with a cable bundle not				
	firestopped as it pe					
	fire-resistance-rated	d ceiling assembly.				
	0 D !	months the Facility 6 No. 17				
		rvation, the Facility failed to				
		cal system in a safe and				
	operating condition					
	Findings on August					
		a grounding prong is broken				
		ult circuit-interrupter (GFCI)				
	electrical power rec					
		two multiple plug adaptors,				
		rcurrent protection, are				
attached to electrical power receptacles.						

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		HAL022005	B. WING		08/28/2019	
		HAL022003			00/2	0/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		480 OLD 6	64 WEST			
HAYESV	ILLE HOUSE	HAYESVIL	LE, NC 289	004		
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES			N .	()(5)
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 190	Continued From no	ac E	C 189			
C 189	Continued From pa	ge 5	C 169			
	c. Business Office	e - a power tap (power strip) is				
		er power tap. Power taps must				
		permanently installed branch				
	circuit electrical pov					
		orch - the front ground-fault				
		GFCI) electrical power				
		t have electrical power,				
	therefore it cannot I	be tested for ground fault.				
	e. Dining Room P	orch - the front ground-fault				
		GFCI) electrical power				
		ng its weather resistant cover.				
		orch - the back ground-fault				
		GFCI) electrical power				
		t trip when its test button is				
		sted with a ground fault				
	receptacle tester &					
	g. Exterior Door to					
		interrupter (GFCI) electrical				
		missing its weather resistant				
	cover.	3				
		Manager Office-a electrical				
		as a broken cover plate.				
		μ				
	7. Based on obse	rvation, the smoke tight				
		not maintained in a safe and				
	operating condition					
	Findings on August					
		oom - the corridor door does				
	not latch into its fra					
	8. Based on Obse	ervation, corridor doors are not				
		e and operating condition.				
		open or held open by				
		s or methods. All occupants in				
		affected if doors cannot be				
		pidly with a light push or pull of				
		spread of smoke and fire to				
	the area of origin.	aprilate or officer and more				
	Findings on August	28. 2019:				
		the corridor door has a chair				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP.		SURVEY LETED
		HAL022005	B. WING		08/28/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/2	0/2010
	ILLE HOUSE	480 OLD 6				
HAILSV	ILLE HOUSE	HAYESVIL	LE, NC 289			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	holding the door op	en.				
	properly maintain the associated equipment ability to extinguish grow larger. Findings on August a. Exterior Mechadocumentation of the monthly inspections b. Exterior Electric documentation of the monthly inspections	nical Room - the last ne portable fire extinguisher's s was in March 2018 cal Room - the last ne portable fire extinguisher's s was in May 2018				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	maintain 75 degree winter design condi following shall apply appliances.  (2) Unvented fuel to portable electric her (k) This Rule shall facilities with the ex					
	prevent the use of p Adult Care Home. T staff, and visitors if	ervation, the facility failed to portable electric heaters in an This could affect residents, heater is the ignition source of ncreases if used by resident or al is near.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
	HAL022005		B. WING		08/28/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HAYESV	ILLE HOUSE	480 OLD ( HAYESVII	64 WEST LLE, NC 289	004		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 191	Continued From pa	ge 7	C 191			
	a. Resident Care electric heater was	Managers Office - a portable found in this room.				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per narequirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apply this Rule is not med 1. Based on Obserplastic sheet, the faventilation system in mechanically exhauting son August a. 300, 400 and Complete in the comp	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This lot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing deption of Paragraph (e) ly to existing facilities. Let as evidenced by: ervation and testing with a thin cility failed to maintain the nirooms required to be usted.				

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