

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL045129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF HENDERSONVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739</b>
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell on 9-26-2019.</p> <p>Records indicate this Facility was first licensed on or 7-7-1988, for 60 residents. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Revision 8 -Section 409 Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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;</p> <p>This Rule is not met as evidenced by: Based on observation, this facility failed to meet the NC State Building Code requirements for Special Locking (magnetic locks) on the exit</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  doors. The Code requires a emergency release switch that will unlock the door within 3 feet of each locked exit door. Findings on 9-26-2019: The required emergency release switch located at each magnetically locked exit door was a large, easily seen "Push to Exit" switch. None of those switches worked and unlocked the doors. There was also a toggle switch, some located inside the warning device cover and some located outside the cover, that did work and unlock the exit doors. However, the toggle switches were small and very hard to see, even in a non-emergency situation with excellent lighting. Additionally, Senior staff at the facility were unaware of the existence of the smaller toggle switches.	C 101		
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.  This Rule is not met as evidenced by: Based on interview with staff, some residents are	C 154		

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C 154	Continued From page 2  considered confused and/or disoriented. Based on observation, some of the Special Locking emergency exit switches were not protected by wander alarms. Findings on 9-26-2019; a. The emergency release switch at the Specially Locked exit near 215 is outside the warning device, "screamer" box. This setup could allow a resident to unlock the exit and elope without any warning. b. The emergency release switch at the Specially Locked courtyard gate is outside the warning device, "screamer" box. This setup could allow a resident to unlock the exit and elope without any warning.	C 154		
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: Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 9-26-2019: a. The HVAC return grill and radiation damper in the med room had an excessive accumulation of dust/lint. b. The HVAC exhaust grill and radiation damper in the janitor's closet had an excessive	C 164		

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C 164	Continued From page 3  accumulation of dust/lint. c. The HVAC exhaust grill and radiation damper in the laundry had an excessive accumulation of dust/lint.	C 164		
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: 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 on 9-26-2019: a. A portable medical oxygen cylinder was stored freestanding in no container or rack in the med room. b. A portable medical oxygen cylinder was stored freestanding in no container or rack in the Living room/Library.	C 166		
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	C 185		

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C 185	<p>Continued From page 4</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p>Findings on 9-26-2019:</p> <ol style="list-style-type: none"> <li>In the 2nd quarter of this year, there was no rehearsal done during the 1st shift.</li> <li>In the 4th quarter of last year, there were no rehearsals done during the 1st and 2nd shift.</li> </ol> <ol style="list-style-type: none"> <li>Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. Specifically, the location of the simulated fire was not listed, nor was the staff's response.</li> </ol>	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>	C 189		

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C 189	<p>Continued From page 5</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> <ol style="list-style-type: none"> <li>1. Based on observation, the fire alarm system was showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed.</li> <li>2. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 9-26-2019; Former bedroom 202 is now being used for storage of about 150 cases of diapers as well as other combustibles.</li> <li>3. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:               <ol style="list-style-type: none"> <li>a. Corridor at the Business office,</li> <li>b. Kitchen.</li> </ol> </li> <li>4. 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.</li> </ol>	C 189		

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C 189	<p>Continued From page 6</p> <p>Findings on 9-26-2019;</p> <ul style="list-style-type: none"> <li>a. Both of the cross-corridor 3/4 hour fire rated doors near room 102 do not close completely and latch when activated by the fire alarm system.</li> <li>b. There was a hole at the latchset through the door to room 303.</li> <li>c. There was a hole at the latchset through the back door of the Living room.</li> <li>d. The latch to the chart room was disabled with tape.</li> </ul> <p>5. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several 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.</p> <p>Findings on 9-26-2019;</p> <ul style="list-style-type: none"> <li>a. The exit sign near the bedroom is very loose from the ceiling causing a hole above the sign.</li> <li>b. Hole at the flue in the ceiling of the mechanical room near room 209,</li> <li>c. Holes (2) in the ceiling of the Nursing office,</li> <li>d. Unsealed penetration in the ceiling of the Nursing office,</li> <li>e. Holes (4) in the wall of the Nursing office,</li> <li>f. Unsealed sleeve in the electrical room,</li> <li>g. Damaged ceiling in the exterior mechanical room.</li> </ul>	C 189		