

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2020
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD WESTFIELD, NC 27053
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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 Biennial Construction Survey by Dennis Harrell on 1-10-2020: Records indicate this facility was first licensed as a Home for the Aged serving 26 residents on 1-1-2007. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2006 North Carolina State Building Code; Section 407 Institutional Occupancy - Group I-2.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 1-10-2020: There were 2 chairs and Christmas decorations stored in the corridor to an exit reducing the clear width to about 3.25 feet. Note; This deficiency was corrected during the survey.	C 150		
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	C 185		

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

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C 185	<p>Continued From page 1</p> <p>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 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. Findings on 1-10-2020:</p> <p>b. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift.</p>	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: 1. Based on observation, several corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>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 1-10-2020;</p> <p>a. The door to the laundry was wedged open. Note; This deficiency was corrected during the survey.</p> <p>b. The door to clean linen storage was wedged open. Note; This deficiency was corrected during the survey.</p> <p>c. Both of the doors to the living room were blocked open. Note; This deficiency was corrected during the survey.</p> <p>d. The door to the kitchen was propped 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 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. Findings on 1-10-2020 The 2 furnace flues in the mechanical room are 3 inch PVC pipes that extend up through the one-hour fire protected ceiling. The flues were not protected with a listed fire collar as required.</p> <p>3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding on 1-10-2020: The exit sign near room 203 did not work on battery when tested.</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>4. Based on observation and interview, staff were not aware of the location or use of the system pull for the range hood fire suppression system. Staff must be trained about the range hood fire suppression system and the system pull.</p> <p>5. Based on observation, there was no inspection tag provided on the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull.</p> <p>6. Based on observation, there was no documentation of the required in house/owner's monthly inspections for the fire extinguishers for November and December. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.</p>	C 189		