TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL011361	B. WING		06/26/2024		
NAME OF F	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S	TATE, ZIP CODE			
HARMON	IY AT REYNOLDS M		BLERS WAY				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ASHEVI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ION SHOULD BE	(X5) COMPLET DATE	
				DEFICIENC			
C 000	Initial Comments		C 000				
		uction Section Biennial Survey nducted on June 26, 2024.					
	HA for 99 residents this facility is requir applicable portions North Carolina Buil Occupancy and the	ensed February 5, 2017 as an 5. Based on this information, ed to comply with the of the 2012 Edition of the ding Code(s), Institutional e 2005 Rules for Licensing of of Seven or More Beds in f initial licensure.					
	Deficiencies have to Correction is require	been cited and a Plan of red.					
C 101	Existing Licensed F	Fac- No less than '71 Rules	C 101				
	PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effor- change in service of renovation, or alter the requirements for no addition or renov- than those requirer "Minimum and Des Regulations" for "H	APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case sha or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm" e available at the Division of	5				
		et as evidenced by: vealed that the facility does					

	NT OF DEFICIENCIES OF CORRECTION	Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		DATE SURVEY	
		HAL011361	B. WING		06/	26/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
HARMOI	NY AT REYNOLDS MO	DUNTAIN	LERS WAY LE, NC 28804	L			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 101	Continued From pa	ige 1	C 101				
	of construction. St	irements in effect at the time orage in stairwells is prohibited ion Code Section 315.3.2.					
	Findings on June 2 a. Ground Floor - a stored under the st	activity supplies were being					
C 111	Must Have Current	San. & Fire Safety Reports	C 111				
	fire and building sa	02 DESIGN AND					
	1. Review of recom not have current fire	et as evidenced by: ds revealed that the facility did e and building safety maintained in the home and y.					
	Findings on June 2 a. There was not a for the dry sprinkler	in inspection report available					
C 150	Corridors-Free of e	quipment and Obstructions	C 150				
	This Rule is not ma 1. Based on obser	et as evidenced by: vation there is a failure to					

STATE FORM

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED	
		HAL011361	B. WING		06/	06/26/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE			
IARMO	NY AT REYNOLDS MC	πηταίν	BLERS WAY ILLE, NC 28804				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 150	Continued From pa	ge 2	C 150				
	other obstructions. feet clear for egress paths that are obstr or hinder emergence from the facility. Findings on June 2 a. Second Floor - a Linen, there is a tra wheelchair and a cl	at the intersection by Soiled sh barrel, a rolling chair, a eaning cart reducing the wid ss than six feet. This was	ts				
C 164	Housekeeping and	Furnishings-Clean, Repaired	I C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND					
	This Rule is not me 1. Observations re not kept in good rep	vealed that the ceilings were					
	there cracks in the joints in the center of b. Beauty Salon - the center of the room.	et Mountain Living Room - ceiling along the sheetrock					

		(X2) MULTIPLE (A. BUILDING: 01			E SURVEY PLETED	
		HAL011361	B. WING		06/	26/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
HARMON	Y AT REYNOLDS MO	ΟΙΙΝΤΔΙΝ	LERS WAY			
			LE, NC 28804			()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 164	Continued From pa	ge 3	C 164			
		eak on the ceiling and cross corridor doors outside of				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not me 1. Observations re maintained unclutte obstructions and ha	vealed that the facility is not ered and free of all				
		6, 2024: ms - combustible materials the mechanical rooms.				
	maintained free fro were improperly sto any means of restra	vation the facility was not m hazards. Oxygen bottles ored. Oxygen bottles without aint to prevent them from cked over may present a pants of the facility.				
	the floor without an	6, 2024: e are three oxygen bottles on y means of restraint to prevent being knocked over.				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL011361	B. WING		06/	26/2024
NAME OF F	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S	TATE, ZIP CODE		
HARMON	NY AT REYNOLDS MO	πηταίν	BLERS WAY LLE, NC 28804	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	age 4	C 189			
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	1. Based on observ maintain the facility safe operating cond smoke compartmen not completely close	et as evidenced by: vation there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if doors do se and latch to help limit the r fire to the area of origin.	D			
		6, 2024: the cross corridor doors by the onsistently when released by				
		vealed that the mechanical maintained in a safe and				
	vent is clogging; so	6, 2024: aundry - the dryer exhaust the dryer exhaust is now to a bucket instead of to an				
	maintain the buildir	vation there is a failure to ng's fire safety systems in a es or gaps at penetrations				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		HAL011361	B. WING		06/26/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HARMON	NY AT REYNOLDS MO	ΠΙΝΤΔΙΝ	BLERS WAY LLE, NC 28804	L		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 5	C 189			
	through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.Findings on June 26, 2024:a. Ground Floor, Room H-9 - there is a small gap around the sprinkler head in the Bath.b. Mechanical/Electrical Room - there are two holes in the ceiling at the front light.					
)			
C 199	Exhaust Ventilation		C 199			
	provided with exhan two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex-	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed l, with natural ventilation in nces: rage; ; toilet rooms;				
	maintain exhaust ve Lack of ventilation a	vealed that the facility did not entilation in specified spaces. allows for the build up humidity lew and slick areas and	/			
	Findings on June 2 a. Staff Bath acros	6, 2024: s from the Break Room - the				

STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING			
	PROVIDER OR SUPPLIER	HAL011361	ADDRESS, CITY, S		06/.	26/2024
		41 COB	BLERS WAY	TATE, ZIF CODE		
	NY AT REYNOLDS MO	OUNTAIN ASHEV	ILLE, NC 28804	4		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
C 199	Continued From pa	age 6	C 199			
	working.	pa - the exhaust fan is not lalf Bath by Staff Office - the				
vision of He	ealth Service Regulation					