STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL005013	A. BUILDING: **01** B. WING _____	**04/16/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE ASSISTED LIVING & MEMORY CARE	**182 CHATTYROB LANE** **WEST JEFFERSON, NC 28694**

(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 4-16-2015. Records indicate that this facility was first submitted or licensed on 3-25-2011, for 55 beds including 24 beds in a Special Care Unit. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Homes for Seven or More Beds and the 2009 NC State Building Code(s). Deficiencies were noted which will require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the provisions of the Mechanical Code as	C 101		

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C 101	Continued From page 1 relates to appliances in attics. Section 306.3, of the 2009 NC State Mechanical Code requires proper access to all appliances installed in attics. There are several fire safety devices in the attic that are very difficult to reach for routine maintenance and inspections. Fire safety devices that are not maintained may fail to operate properly in an actual fire. Findings include; a. There are at least 2 duct mounted smoke detectors installed in the attic. The nearest attic access door is about 50 feet away and the access walkway ends about 20 feet away from the duct detectors. Because of the difficulty in gaining access to the duct smoke detectors, we could not inspect them to see if they had been properly cleaned and maintained. b, There are 2 smoke and fire dampers installed through the attic smoke barrier wall at the AL Activity room. No walkway is provided to allow safe access to the smoke dampers. Because of the difficulty in gaining access to the smoke dampers, we could not inspect them to see if they closed properly during the fire alarm test. 2. Based on observation, the facility failed to meet the provisions of the Building Code as relates to Special Locking. Section 407.9.3,3.3, of the 2009 NC State Building Code requires a system component location map and a wiring diagram under glass adjacent to the fire alarm system. Failure to provide these notification documents could lead to confusion during an actual fire or emergency. Findings include: There was no system component location map or wiring diagram under glass adjacent to the fire alarm system. 3. Based on observation, the facility failed to	C 101		

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C 101	Continued From page 2 meet the provisions of the NFPA 13 as relates to sprinkler systems. Sections 6.2.9.1 and 6.2.9.2 of the 2002 NFPA 13 requires a stock of spare spinkler heads for each type found at the facility. Failure to keep a stock of spare heads could cause a delay in restoring a sprinkler system to operation after a sprinkler flow event. Findings include: There were no spare heads available for the dry type used inside the facility and no other provisions for returning the system to service in the event of a flow involving one of the dry type sprinkler heads.	C 101		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. 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 include: a. Unsealed 3 inch sleeve through the attic smoke barrier wall above the front hall of the	C 189		

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C 189	Continued From page 3 Assisted Living. b. Hole in the ceiling of the mechanical room by receiving. c. The sprinkler escutcheon was not tightly fitted to the ceiling complete the one-hour protection in the mechanical room beside the Assisted Living janitor closet. d. The sprinkler escutcheon was not tightly fitted to the ceiling complete the one-hour protection the nursing office near the break room. 2. Based on observation, the facility failed to maintain a fire safety device in a safe condition by hiding it from immediate view. Fire safety devices that are not available for immediate use could endanger all residents and staff in an actual fire. Findings include: The pull station activator for the range hood fire suppression system was hidden from view by a coat and other items hung in front of it. This deficiency was corrected while onsite. 3. 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 include: Several portable medical oxygen cylinders, including 31 tall cylinders and 4 short cylinders were stored under 1 chain in the oxygen storage room. The short cylinders did not reach the chain to prevent them from falling and the arrangement would not prevent most of the tall cylinders from falling. 4. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler	C 189		

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C 189	Continued From page 4 head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: a. Items were stored completely to the ceiling in the "Storage/Mechanical" room at the nurse station in the AL portion of the facility. b. Items were stored almost to the ceiling in the storage room on the back hall. 5. Based on observation, the ice machine drain line was in direct contact with the floor drain. 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.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were 2 portable electric heaters being used in the Administrator's office. Portable electric heaters have the potential of being misused and causing a fire.	C 191		