

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/02/2015
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 This is a Report of a Follow-up Survey conducted by Greg Cates on October 2, 2015. Some of the previously cited deficiencies have not been corrected and will require further action.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, the facility failed to provide in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on October 2, 2015: b. The current annual Fire Marshal Inspection Report was not available for review, c. The current annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	{C 111}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/02/2015
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 189}	Continued From page 1 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 Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 2, 2015: a. The fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. Locations of specific examples include but are not limited to: iv. Bath 7. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist. Findings on July 28, 2015: a. In the Maintenance Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space.	{C 189}		