

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 39 LOVING WAY CLYDE, NC 28721		
(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 Construct ion Survey by Dennis Harrell on 8-5-2016. Records indicate this facility was first licensed as a Home for the Aged serving 20 residents on 1-1-1986. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 NC State Building Code, Section 409 Institutional Occupancy.	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: Based on review of documents, required reports were not available in the home for review. Findings include the following missing reports: a. Fire and building safety inspection report, b. Fire alarm inspection, c. Current sanitation reports for the building and kitchen.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all	C 133		

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

TITLE

(X6) DATE

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C 133	Continued From page 1 commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the handgrip provided at the toilet was loosley mounted to the wall in the bathroom off room 601.	C 133		
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 Enforcement Official. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185		
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	C 189		

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C 189	Continued From page 2 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 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. Holes in the ceiling of the mechanical room, b. Hole beside heat detector in ceiling of laundry, c. Receptacle plate missing in laundry. 2. Based on observation, a portion of the required draft stop wall is missing in the attic. Incomplete draft stops cannot perform as designed. Finding includes: Aproximately 8 inches by 24 inches was missing in the draft stop wall. 3. Based on observation, some of the fire safety equipment was not maintained in an operating condition. This could delay the detection of smoke or fire. Findings: The sampling tubes for the duct mounted smoke detector in the mechanical room was installed only 1.5 inches from the side of a 16 inch wide duct. There was no documentation available to indicate this met the manufacturer's installation instructions.	C 189		