

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 67 LOVINGWAY 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 Construction Survey by Dennis Harrell on 8-5-2016. Records indicate this facility was first licensed on 5-1-1988, for a capacity of 20 beds. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code, and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds.	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 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166	ALL FIRE INSPECTION, FIRE ALARM INSPECTIONS AND SANITATION INSPECTION REPORTS SHALL BE KEPT IN THE RESIDENT CARE COORDINATORS OFFICE IN FILES MARKED ACCORDINGLY	8/8/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

NMT821

OWNER

9/27/16

If continuation sheet 1 of 3

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C 166	Continued From page 1 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the ice machine drain line extended into 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 166	ICE MACHINE DRAIN LINE WAS RAISED TO 2 INCHES ABOVE FLOOR	8/12/16
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	ALL QUARTERLY FIRE DRILL REHEARSALS WILL BE KEPT IN RESIDENT CARE COORDINATORS OFFICE IN A FILE MARKED AS SULT.	8/18/16
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	Continued From page 2 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 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. Hole in the ceiling of the kitchen office, b. Unsealed cable penetration in the attic draft stop wall. 2. Based on observation, a corridor door is prevented from latching to resist the passage of fire and smoke. Corridor 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. Finding includes; Door to room 405 will not latch when closed.	C 189	ALL OPEN AREAS OF ATTIC DRAFT STOP WALL HAVE BEEN SEALED WITH FIRE CAULK DOOR HAS BEEN ADJUSTED SO IT WILL LATCH PROPERLY	8/12/16 8/18/16