STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL050017	A. BUILDING: 01 B. WING _____	01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HERMITAGE	185 BRICKFARM ROAD DILLSBORO, NC 28725

(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 Construction Section Biennial Survey by Dennis Harrell on 1-11-2017. Records indicate that this ninety-bed facility was first submitted on 11-3-2008, and first licensed on 1-12-2010. Based on this information, the facility must meet the current 2005 Rules for Adult Care Homes of Seven or More Beds and the 2006 NC State Building Code. Deficiencies were cited that will require a plan of correction.	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 a review of documents, the most recent Fire Marshal building safety inspection report was dated at least 3 years ago. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111	C 111 Facility maintenance services manager has contacted Micheal Forbis, Jackson Co Fire Marshall office requested written documentation on the Facility's behalf to show facility had contacted Jackson Co. numerous times to schedule Fire Marshall inspection, and to have a new inspection scheduled on 2/3/2017	
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		

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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: 1. 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: a. Five portable medical oxygen cylinders were stored in no container in the SCU med room. b. One portable medical oxygen cylinder was stored in no container in the oxygen storage room. c. Two large oxygen cylinders were stored without the required stand in the oxygen storage room. 2. Based on observation, part of the latch assembly was missing on one of the smoke barrier doors near bedroom 413. The missing hardware exposed sharp edges. 3. Based on observation, there was no key onsite to allow entry into the supply closet near the TV room to survey for hazards.	C 166	C 166 The facility has contacted local DME provider and requested extra storage racks for empty oxygen tanks ED/SCC/RCC will hold staff training to discuss proper oxygen cylinder storage on 2/15/2017 @ 1:30pm Smoke barrier doors repaired, hardware replaced on 2/4/17 Both supply closets will have keyed door knobs replaced with electronic keypad entry, all staff will be given the keypad code. Keypads have been ordered.	2/6/17 2/4/17
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	C 185		

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C 185	Continued From page 2 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no rehearsal done during the 2nd or 3rd shifts. c. In the 4th quarter of this year, there were no rehearsals done during the 1st shift.	C 185	C 185 Facility ED will ensure fire drills are done for each shift quarterly, in the event ED is unavailable to hold fire drill SCC/RCC/BOM will ensure fire drill is completed. ED held training regarding fire drill procedures with facility management on 2/3/2017.	
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, many corridor doors are prevented from closing quickly and latching to	C 189		

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C 189	Continued From page 3 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. Findings include; a. Both of the smoke barrier doors near room 413 failed to latch because the latch strikes were missing. b. One of the smoke barrier doors near room 413 failed to close completely when activated by the fire alarm system. c. The B labled fire rated door to the laundry was propped and wedged open. This fire rated door must be self-closing and must automatically latch when closed. d. The corridor door to the kitchen was wedged open. e. The latch strike was installed improperly at the door to bedroom 305 causing the door to not fit the opening properly to be resistant to the passage of smoke. f. Clothes racks hanging on the door knob at room 414 prevented the door from latching quickly. 2. 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 around pipes in the ceiling of the riser room, b. Conduit sleeves (2) not properly sealed through the ceiling of the riser room, c. Hole at a wire in the ceiling of the med room in SCU,	C 189	C189 Smoke barrier doors latch strikes replaced on 2/3/2017 Adjusted closer on smoke barrier door to ensure door closed completely on 2/3/17 All door wedges removed, installed magnetic door holders Latch strike on 305 repaired on 2/6/2017 Removed residents clothes rack from room door 414 Holes around pipes re-caulked with fire rated caulk. Conduit sleeves re-caulked with fire rated caulk SCU med room holes re-caulked with fire rated caulk. Completed 2/6/17	2/3/17 2/3/17 2/3/17 2/6/17 2/3/17 2/6/17 2/6/17 2/6/17

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C 189	Continued From page 4 d. Hole in the wall above the fire alarm system, e. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the SCU med room, the AL clean linen, the kitchen (2). and above the commercial dryer.	C 189	C 189 Hole in wall above fire alarm re-caulked with fire rated caulk on 2/2/2017 Escutcheons were installed where missning, loose were resecured on 2/3/17	2/2/17 2/3/17