

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/15/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HERMITAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Follow-up Survey by Dennis Harrell on 2-15-2017. Some deficiencies were not corrected. Further action is required.	(C 000)		
(C 188)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and 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: 3. Based on observation, there was no key onsite to allow entry into the supply closet near the TV room to survey for hazards. Finding on 2-15-2017: A key was located to allow entry into the closet and it was found that the sprinkler escutcheon was missing.	(C 188)	Escutcheon replaced, and Electronic key pads installed 3/3/2017	
(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)	(C 189)		

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

TITLE:

(X6) DATE

STATE FORM

6899

2XL222

If continuation sheet 1 of

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/15/2017
--	---	---	---

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 189)	Continued From page 1 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 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: c. The 60 minute rated fire door to the laundry was propped and wedged open. This fire rated door must be self-closing and must automatically latch when closed. Finding on 2-15-2017: The facility had installed a permanent magnet to hold the door open. A permanent magnet will not allow the door to close when the fire alarm system is activated and is prohibited on this fire rated door. New finding on 2-15-2017: The other 60 minute rated fire door to the laundry had been removed to allow delivery of large equipment. 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, Findings on 2-15-2017:	(C 189)	Magnet removed from laundry room door 2/15/2017 Other fire rated doors reinstalled on 2/15/2017 after delivery of new laundry equipment.	

Division of Health Service Regulation
STATE FORM

FORM 201.222

If continuation sheet 2 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER THE HERMITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 185 BRICKFARM ROAD DILLSBORO, NC 28726		
(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 2 Unapproved fire foam had been used to seal holes and sleeves in the riser room. The foam must be removed and replaced with materials approved for use in one-hour fire rated construction.	(C 189)	Installed 5/8 block of sheet rock around pipe, caulked around sheet rock and pipe with FBC system compatible fire rated caulk on 3/10/17	