

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2017
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE OF ASHEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 3199 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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 2-16-2017. Records indicate this facility was first licensed on 7-22-1997, for 70 residents. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation the facility failed to properly install one of the Special Locking devices in compliance with the NC State Building Code.	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Sum Pegg Friedman

Executive Director

3/16/2017

STATE FORM

6899

6ESM21

If continuation sheet 1 of 4

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C 101	Continued From page 1 The Building Code requires an on/off emergency release switch to be installed within 3 feet of each locked door. Finding includes: The emergency release switch provided at the corridor exit near the first floor Wellness Center was a momentary push-button type that automatically relocked the door when the button was released. A momentary switch is not an on/off type switch.	C 101	The on/off emergency release switch has been ordered through Mountain Access Control Company. It is scheduled to arrive on 3/23/17 and be installed on 3/24/17 by an authorized installer of Mountain Access Control Company.	3/24/17
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: There were boxes stored in the corridor near the beauty salon reducing the clear width to about 4.5 feet.	C 150	The boxes in the hallway have been moved and will no longer be stored in the hall upon arrival until the contents are unpacked and placed in the storage closet.	2/17/17
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 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 2 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. Finding includes: A portable medical oxygen cylinder was stored in no container at all in the first floor Wellness Center. 2. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166	1, The oxygen cylinder has been removed and returned to the company it belonged to. All staff have been instructed to report any loose O2 cylinders that are not properly stored to a Supervisor so they may be placed in a proper cylinder holder. 2. The hopper has been cleaned, flushed and filled with water. Housekeeping and Nursing staff have been informed of this deficiency and are to check, clean, flush and add water on a weekly basis.	2/17/17 2/17/17
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, 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	C 189		

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