

PRINTED: 02/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER AHOSKIE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 407 LOFTIN LANE AHOSKIE, NC 27910		
(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 2-9-2017: Records indicate this facility was first licensed on 11-26-1997, as a HA for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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: a. There was a wheelchair and a soiled linen cart stored in the corridor near room 307 reducing the clear width to about 5 feet. b. There were chairs almost completely blocking the path to the exit from the living room. c. The exit near room 311 was partially blocked by a walker.	C 150	All items have been removed, house keeping has been inservice to eliminate this problem	2/9/2017
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT	C 160		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Executive Director

3/8/2017

Q9VH21

If continuation sheet 1 of 6

PRINTED: 02/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER AHOSKIE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 407 LOFTIN LANE AHOSKIE, NC 27910			
(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 160	Continued From page 1 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: There was a hole in the yard right beside the sidewalk near the riser room.	C 160			
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. This Rule is not met as evidenced by: 1. Based on observation, the waste trap for the hopper in the oxygen room had been allowed to become completely dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: Pillows had been stacked to within 6 inches of the	C 166	The waster trap problem has been resolved. We will monitor monthly	2/9/3017	

PRINTED: 02/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER AHOSKIE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 407 LOFTIN LANE AHOSKIE, NC 27910		
(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 166	Continued From page 2 ceiling in the linen closet. 3. Based on observation, the ice machine drain line was laying directly on the floor. 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	We have inserviced housekeeping to be aware of the 18". We will mark the 18" line as a reminder. The drain line is now 2" above the floor	2/9/2017 2/24/2017
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, the records available onsite included no description of what the rehearsal involved.	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	All future fire drill rehearsals will be more discriptive.	2/9/2017

PRINTED: 02/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER AHOSKIE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 407 LOFTIN LANE AHOSKIE, NC 27910			
(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 4 6. Based on observation, several 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: a. The one hour fire rated door to the large main laundry was held open with a permanent magnet. This fire rated door must be self-closing and must automatically latch when closed. b. The one hour fire rated door to housekeeping off the corridor was held open with a wedge. This fire rated door must be self-closing and must automatically latch when closed. c. The one hour fire rated door to housekeeping off the kitchen was prevented from closing and latching by shelves. This fire rated door must be self-closing and must automatically latch when closed. d. The doors to bedrooms 203, 210 and 403 would not latch when closed. e. The double doors to the living room would not latch when closed. The doors were not latching to the frame and to each other. 7. 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. Unsealed penetration in the ceiling of the Memory Care Manager's office, b. Unsealed penetration in the ceiling of the main electrical room, c. Exterior ceiling damaged at the porch near	C 189	The one hour fire rated door to the large main laundry is now self closing. The wedge has been throw away. The door has been repaired. Bedrooms 203,210, and 403 have been repaired. The double doors to the living room have been repaired. Penetrations have been caulked with UL rated fire caulk.	2/24/2017 2/24/2017 2/24/2017 2/24/2017 3/3/2017 2/24/2017	

PRINTED: 02/22/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER AHOSKIE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 407 LOFTIN LANE AHOSKIE, NC 27910		
(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 5 room 215. d. Ceiling damaged in riser room, e. Holes in ceiling in riser room, f. Sprinkler escutcheons were missing or not tightly fitted to the ceiling in the kitchen, the linen closet and the corridor near room 303.	C 189	d. e. & f, all items have been corrected.	2/24/2017
C 190	Heating System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: There was a portable electric heater found in the riser room.	C 190	The electric heated is gone.	2/9/2017

Division of Health Service Regulation
STATE FORM

6899

Q9VH21

If continuation sheet 6 of 6