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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011161	A. BUILDING: 01 B. WING	01/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHER GLEN AT ARDENWOODS	103 APPLACHIAN BLVD ARDEN, NC 28704

(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 1-12-2017. Records indicate this facility was first licensed on 10-28-1998 as a HA. The facility is currently licensed 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, applicable portions of the 1996 (1998 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 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 required annual fire alarm system inspection report listed several "bad" batteries. There was no subsequent documentation available to indicate the batteries had been replaced.	C 111	C 111 Must Have current Sanitation and Fire Safety Reports. (No documentation was available to indicate that dead or weak batteries had been replaced) Corrective action taken: Electronic work order system has been implemented for Heather Glen to better track maintenance needs. Identifying other areas having the potential to be affected by the same deficient practice: The facility has one main fire panel and numerous battery backup egress light units. Measures taken or a systematic change to ensure this deficient practice does not recur. Regular review of all maintenance issues regarding life safety will be done by the Plant Operations Director. Measures taken (quality assurance program) to monitor this corrective action: Regular review of all maintenance issues regarding life safety will be done by the Plant Operations Director. Monthly reports will be given to the Administrator at Heather Glen.	4/3/17
C 186	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 186		

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C 166	Continued From page 1 (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (a) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, one of the exits from the dining room was partially obstructed with a chair. 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; a. Storage had been stacked all the way to the ceiling in the "Supplies" room near the laundry. b. Storage had been stacked all the way to the ceiling in the outside storage near the maintenance office. 3. Based on observation, the facility was not maintained in a safe condition because of storage directly in front of an electrical panel in the Electrical room off the front lobby. There was so much storage, the panel could not be opened until some was removed.	C 166	**C 166 Housekeeping- maintained free of hazards** (Chair in front of and blocking exit from dining room. Storage too close to sprinkler heads. Proper space in front of electrical panel in closet.) Corrective action taken: Chair has been moved from blocking exit door. Storage items too close to sprinkler heads have been removed. Items stored too close to the electric panel have been removed. Identifying other areas having the potential to be affected by the same deficient practice: The facility as numerus exit doors, electrical panels and storage closets. Measures taken or systematic changes to ensure this deficient practice does not recur: Staff training during in service and stand-up meeting explaining the need to keep egress paths clear and unobstructed. Staff training and in service to explain rules pertaining to clearances needed for sprinkler system heads. Staff training and in service meetings pertaining to clearances needed in front of electrical panels. Measures taken (quality assurance program) to monitor this corrective action: Plant Operations Director will schedule monthly reviews of all storage in regard to minimum allowances and egress paths.	2/13/17
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	C 189	**C 189, 1,2,3 Building equipment maintained safe, operating.** (Supervisory signal from fire alarm panel. Battery powered egress lighting in foyer and dinning Room. Holes in ceiling in copy room, furnace pipe flue with no collar, sprinkler escutcheons out of alignment.)	

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C 189	Continued From page 2 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 fire alarm system was showing a "Supervisory " trouble condition. Fire alarms in trouble may fail to operate properly when needed. 2. Based on observation, the battery powered emergency lights in the foyer and the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several 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 in the ceiling of the copy room, b. There were 2 furnace flues of 3 inch PVC pipe that extended up through the one-hour fire protected ceiling in the front lobby mechanical room. The flues were not protected with a listed fire collar as required. c. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in bedroom 206, the pantry, closet in bedroom 300 and in the foyer (4). 4. Based on observation, many corridor doors are prevented from closing quickly and latching to	C 189	Corrective action taken: Supervisory signal has been removed from the panel by the Sprinkler contractor. Egress lighting batteries have been replaced in the foyer and dining room, holes have been sealed in the copy room, furnace pipe collar has been inspected by our HVAC contractor and repair parts have been identified for purchase. An extension of time to allow this work is requested. All sprinkler escutcheons have been repaired or replaced. Identifying other areas having the potential to be affected by the same deficient practice: The building only has the one fire panel. All egress lighting has been identified. Compromises in the ceiling with penetrations have been identified. No other furnace units have pipe penetrations in the building. All sprinkler heads have been identified and are located throughout the building. Measures taken or systematic changes to ensure this deficient practice does not recur. Fire panel is monitored by all staff and maintenance will be called when panel has a supervisory alert. All egress lighting batteries have been inspected and all weak or dead batteries replaced. All ceiling structures have been inspected for any compromises and repairs made accordingly. Once the flue collar is installed, periodic inspection will assure the collar is in place and functional. Regular inspection of all sprinkler heads will ensure that all escutcheons are in place and properly aligned Measures taken (quality assurance program) to monitor this corrective action: Plant operations Director will regularly, on a monthly basis, inspect all sprinkler system components, fire panel status, and ceiling systems. Record will be kept with the Heather Glen Administrator in the appropriate inspection log book.	2/14/17

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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. The latchset was missing on the door to bedroom 223 b. The labeled fire door to the facility laundry of approximately 100 sq. ft. was wedged open. The rating of the door could not be determined because the label had been painted. c. The strike was missing on one of the doors to the dining room. d. Both of the doors to the dining room do not fit the opening properly to be resistant to the passage of smoke. e. The door to room 305 will not latch when closed. f. The door to the chart room is hard to close and will not latch.	C 189	C 189 4 Building equipment maintained safe, operating (Latch missing room 223, laundry door "wedged" open, strike missing on two dining room Doors preventing the door from properly sealing the opening to prevent smoke, door to room 305 will not latch, door to chart room will not close easily and will not latch.) Corrective action taken: Latch has been replace in room 223, wedge has been removed from the laundry door, strikes have been replaced to the dining room, room 305 door latch has been repaired, chart room door has been repaired. Identifying other areas having the potential to be affected by the same deficient practice: Residential doors, office doors, storage room and fire doors are present throughout the building. Measures taken or systematic changes to ensure this deficient practice does not recur: Staff in service training to point out the need for all doors to be in proper working order and to have a positive latching device attached. Measures taken (quality assurance program) to monitor this corrective action: Plant operations Director or his assignee will regularly, on a monthly basis, inspect all doors in regard to latching and proper closing . Record will be kept with the Heather Glen Administrator in the appropriate inspection log book.	2/15/17
C 191	Unvented & Portable Elec. Heaters Prohibited 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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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:	C 191		

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C 191	Continued From page 4 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. Findings include: a. There was a portable electric heater in the Administrator's office. b. There were 3 portable electric heaters in the outside storage room. c. There was a portable electric heater in the maintenance office. d. There was a portable electric heater in the outside storage room on 200 Wing.	C 191	**C 191 Unvented and Portable Electric Heaters Profited** (Portable electrical heaters were stored in several locations throughout the building) Corrective action taken: All portable heaters have been removed from the building. Identifying other areas having the potential to be affected by the same deficient practice: The entire building is subject to this rule. Measures taken or systematic changes to ensure this deficient practice does not recur. Maintenance and Housekeeping staff in service training explaining this regulation. Measures taken (quality assurance program) to monitor this corrective action: Regular inspection of all storage areas to make sure that no electric portable heaters are stored in the facility.	1/26/17