

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/18/2017
NAME OF PROVIDER OR SUPPLIER HAYWOOD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH MAIN STREET CANTON, NC 28716		
(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 Biennial Follow Up Construction Survey by Dennis Harrell on 4-18-2017. Several deficiencies were not corrected. Further action is required.	{C 000}		
{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: 6. Based on observation, part of the latch assembly was missing on the 1 hour doors to the laundry. The missing hardware exposed sharp edges. Findings on 4-18-2017: a. Part of the latch assembly was missing on the 1 hour doors to the laundry. b. Part of the latch assembly was missing on both of the smoke barrier doors near the elevator.	{C 166}		
{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.	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 (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 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 on 1-11-2017 and 4-18-2017; e. Hole in the ceiling of the med room, h. Hole in the wall in the employee lounge. 2. 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 on 1-11-2017 and 4-18-2017; a. Both of the smoke barrier doors near room 109 will not latching properly when activated by the fire alarm system. b. The smoke barrier doors near the elevator do not latch when activated by the fire alarm system. New finding on 4-18-2017: The doors will now latch, however, one door will not unlatch unless you press the panic hardware and the latchnolt at the top of the door at the same time. 4. Based on observation, the exit doors to the stairway on the 2nd and 3rd floors are not marked with an illuminated exit sign. The exit signs provided are in the center of the corridor more	{C 189}		

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{C 189}	Continued From page 2 than 10 feet away.	{C 189}			