STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081010	A. BUILDING: **01** B. WING _____	**09/14/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON CARE CENTER	**125 HENDERSON CIRCLE FOREST CITY, NC 28043**

(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 9-14-2017. Records indicate this facility was first licensed on 6-26-1992 as a HA. The facility is currently licensed for 86 Beds. Therefore the facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1991 (1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy.	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 could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

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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; (e) This Rule shall apply to new and existing facilities. 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. Findings include: Several portable medical oxygen cylinders were stored in a cardboard box in room B101. 2. Based on observation, one of the ice machine drain lines extended into the floor drain. 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. 3. Based on observation, fungus had been allowed to grow from the other ice machine drain line to the floor drain. Ice machine drain lines that are not maintained clean, could cause the ice to become contaminated. 4. 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; Boxes had been stacked to within 4 inches of the ceiling in the loading dock storage room.	C 166		

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C 189	Continued From page 2	C 189		
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, the hood fire suppression system spray nozzles were pointed at a shelf above the range cooking surface. Improperly directed spray nozzles diminish the fire suppression system's ability to extinguish a fire. 2. 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. Sprinkler escutcheon missing in the ceiling of the mop closet off the kitchen, b. Unsealed penetration for wires at the camera near the front door, c. Unsealed penetration for wires at the camera in the nurse station, d. Ceiling water damaged in the kitchen. e. Holes in the walls behind both smoke barrier doors to the laundry hall,	C 189		

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C 189	Continued From page 3 f. Hole in ceiling around the fan in the janitor closet off the laundry, g. Holes (6) in the ceiling of the maintenance room, h. Large hole, about 1.5 feet square in the ceiling of the riser room. 3. 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; a. The door to the Business office was hard to close and latch. b. The door to B124 will not latch when closed. c. The door to the public bathroom near the kitchen is sagged and will not close and latch. d. The door to the library was wedged open. e. The latchset is loose on the door to B103. f. The latchset is loose on the door to B111. g. The double doors to the laundry were blocked open by a cart and a bucket. h. Holes at the latchset through the door to room A116. i. Holes at the latchset through the door to room A119.	C 189		