PRINTED: 10/03/2017
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
	HAL049003	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE PLACE ADULT LIVING CENTER	1372 EUFOLA ROAD STATESVILLE, NC 28677

(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 Construction Survey by Dennis Harrell on 09/21/2017. Records indicate this facility was first licensed on 8-1-1975. Information gathered from the Iredell County DSS indicates that the facility was built and licensed as early as 1960 for 13 beds and an addition and capacity increase to 40 beds was completed in 1977. The home is currently licensed for 40 beds. Based on this information, we are requiring the facility to meet the requirements of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 North Carolina State Building Code, and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: The facility does not meet Code requirements in effect at time of renovation or alteration. Based on observation and interview with staff, the facility replaced a downdraft gas furnace in a room with a new gas furnace in the attic including the associated ductwork. The work was not permitted and inspected by the Iredell County Building Inspection Department and appears to have several Building Code violations including not maintaining the 1 hour fire resistance rated ceiling.	C 101	The installation of the new furnace occurred three days prior to the surveyors inspection and had not been completed at the time of survey as explained to the surveyor. Replacement of this appliance was due to an emergency and in preparation of an upcoming hurricane. Facility will complete this project and will obtain a building permit from Iredell County inspection office.	45 days
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: 1. Based on a review of documents, a recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required. 2. Based on a review of documents, the most recent Sanitation inspection for the kitchen was dated 9-2-2016. Buildings must be inspected and approved annually or more frequently as required.	C 111	It is beyond reason that facility is held responsible for the functions of other government agencies, and is being cited for deficiency. The fire marshal has been contacted for inspection. Facility is not responsible for sanitation inspection by the state agency. Administrator has secured a new inspection.	10 days Complete
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

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C 166	Continued From page 2 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, there was no documentation of the required monthly inspections for the fire extinguishers since January. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.	C 166	This rule has not been required, nor enforced within the past 32 years of this administrator's experience; however, the facility will comply and inspect fire extinguishers monthly.	Complete
	2. Based on observation, there was no documentation of monthly inspections since July provided on the range hood fire suppression system inspection tag. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.		The range hood fire suppression system is inspected and maintained by a licensed provider as required by state law. Inspection of this system by the employees of the facility, on a monthly basis, has never been required.	Will comply
	3. Based on observation, one of the 2 exit doors near room 17 was hard to open. An exit door that is hard to open could delay an evacuation ion an emergency.		Surveyor may not be familiar with the operation of alarmed, magnetic doors. Administrator did not identify any problem with this exit door.	Complete
	4. Based on observation some toilets were loosely mounted. Loose toilets can cause leaking and/or fall hazards. Findings include: a. The seat was very loose on the toilet in bathroom 40, b. The toilet was loose on the floor in bathroom 3,		Although there was no sign of any leaks, all toilets in the facility were inspected and reset as needed by a licensed plumber.	Complete

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C 166	Continued From page 3 c. The toilet was loose on the floor in bathroom 19, 5. Based on observation, the ice machine drain line 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.	C 166	Ice machine drain pipe was lifted 2 inches above floor drain.	Complete
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: 1. Based on interview, the facility was not rehearsing their fire plan as required by the NC Fire Prevention Code. Interview with staff revealed they have been conducting all fire drills without the use of the fire alarm system. Staff stated that they just get together and discuss what to do in the event of a fire. 2. Based on a review of documents, documentation was not maintained in accordance	C 185	The records of rehearsal of fire plan have been kept by the facility and submitted to the department of social services and to the state surveyor annually. The method of record keeping has never been objected to by any agencies within the past 32 years. Facility is a memory care home for severely affected residents who are extremely disturbed by the loud sound of a fire alarm as observed by the surveyor. Most fire drills are conducted silently, solely for the purpose of training employees and requiring a full fire drill, utilizing the alarm system, is extremely insensitive to the well-being of the facility's residents. Administrator will record the how's, the what's and the why's of the next fire drill.	Complete

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C 185	Continued From page 4 with this Rule. 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 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, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Emergency light in corridor near room 38, b. Combination emergency light/exit sign in corridor near room 2, c. Combination emergency light/exit sign in corridor near "Social Club", d. Combination emergency light/exit sign in corridor at "Senior Center".	C 189	This facility is the first and only facility in Iredell County that purchased and installed two natural gas generators to maintain it's full operation in the event of an emergency including but not limited to, emergency exit lights; however, the facility has replaced all batteries in exit lights.	Complete
	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 administrator was unable to find the building codes that refer to the speed of door closures; however, all the doors in the facility were inspected for proper latching, including fire doors.	Complete

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C 189	Continued From page 5 the remainder of the facility. Findings include; a. The smoke barrier door did not latch when closed by the fire alarm system. b. The door to bedroom 10 was hard to close. c. The door to bathroom 27 was hard to close. d. The door to Janitor's closet # 28 was hard to close. e. The door to bathroom 33 was hard to close. f. The door to bedroom 35 was hard to close. g. The door to the bathroom near room 41 was hard to close. h. The door to bedroom 26 was blocked from closing by the bed extending into the doorway. i. The door from the corridor to the kitchen would not close and latch. j. The door from the dining room to the kitchen would not close. k. The corridor door to living room 9 was blocked open by a chair. l. Both doors to the other living room were blocked open with chairs. m. The double doors to the "Senior Center" do not automatically latch when closed. n. The door to bedroom 8 will not latch when closed. 3. 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. Holes in the ceiling of the basement at conduits. b. Holes in the ceiling at water pipes in the closet off bathroom 6. c. The door to bedroom 27 was hard to close	C 189	The item blocking the door was removed. Corrected. Corrected. Chair removed. Chair removed. This is the same door referenced above and the administrator will investigate an automatic latch system for this door. Door not identified. Repaired and fire caulked. Fire caulked. The following mentioned citations are not	Complete Complete Complete Complete Complete 30 days Complete Complete

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C 189	Continued From page 6 and latch. d. The latchbolt was missing on the door to shower room 18. e. The door to bedroom 19 was propped open. f. The door to the shower on the women's hall is dragging the floor and hard to close. g. The latchset is missing on the door to the closet off the corridor to the dining room. h. The door to the clean linen closet of the corridor to the dining room will not close and latch.	C 189	...con't from previous page identified, nor do they pertain to this section. These appear to be duplicated, copy and pasted, and/or do not apply to this facility's survey.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include;	C 199		

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C 199	Continued From page 7 The exhaust fan would not work in Janitor's closet #28.	C 199	New exhaust fan installed.	Complete
C 202	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (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 electric call system provided was not working in some bedrooms.	C 202	Although memory impaired residents are unable such devices, the facility has replaced call light bulbs in three bedrooms.	Complete