

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE HILLS A PACIFICA SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HERITAGE CIRCLE HENDERSONVILLE, NC 28791		
(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 Construction Section Biennial Survey by Frank Strickland completed on 11/08/2017: Records indicate this facility was first licensed on 02/22/1994. This facility is currently licensed as a 24 BED SCU. Therefore, this facility must meet the 1993, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and the 1991 North Carolina State Building Code (1994 Revision), Section 409.1 Group I- Unrestrained Occupancy. Deficiencies have cited and a Plan of Correction is required.	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; This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 meet the technical requirements of North Carolina State Building Code when last modified. Findings on 11/08/2017: A wiring diagram and system components location map has not been provided under glass adjacent to the fire alarm panel for the magnetic locking system.	C 101		
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, this facility has failed to be maintained in a safe condition. Findings on 11/08/2017: The sprinkler escutcheon is missing in the Med Records closet. 2-Based on observation, this facility has failed to be maintained in a safe condition. Findings on 11/08/2017: There are water heater supply lines that are penetrating the fire-rated roof/ceiling assembly in the Main Mechanical Room above the telephone board that are not fire protected.	C 189		

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