

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER CATAWBA VALLEY LIVING AT ROCK BARN		STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CONOVER, NC 28613		
(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 11-2-2017. Records indicate this facility was first licensed as a Home for the Aged serving 80 residents on 10-2-2004. Therefore the facility must meet the 2004 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2).	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: 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: a. Several (9) portable medical oxygen cylinders were stored in unapproved beverage crates in the med room on 200 Hall. b. Several (3) portable medical oxygen cylinders were stored in no container at all in the med room on 100 Hall.	C 166	All oxygen cylinders have been placed in approved containers. all unapproved containers have been removed. Staff in service was performed for proper storage of Oxygen containers.	12/1/17

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

TITLE

(X6) DATE

Debrah Krumman

Executive Director

12/1/17

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C 166	Continued From page 1 2. Based on observation, there was a significant growth of algae on the ice machine drain line on the 200 Hall. The algae had grown almost to the floor drain. Ice machine drain lines that are not maintained clean and 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, there was no documentation of the monthly inspection for October provided on the inspection tag at the range hood fire suppression system. 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.	C 166	Ice Machine was completely broken down and cleaned. The underneath drain will be added to cleaning check list to ensure it is cleaned weekly. Monthly inspections of the range hood fire suppression system will be done in-house by the maintenance director. All monthly inspections will be documented on the tag at the system pull.	11/27/17 12/1/17
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: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	All Fire drill records will include Detailed descriptions and explanations as to what took place during the fire drill / rehearsal. Explanations and details of each drill will be reviewed by the Executive Director for thoroughness.	11/2/17

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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, one of the nozzles for the range hood fire suppression system was pointed at the floor rather than at the cooking surface. With the nozzle miss-directed, the range hood fire suppression system may not be capable of suppressing a range fire as designed. 2. Based on observation, 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 ¾ hour fire rated door to the housekeeping/janitor closet on 100 Hall, which was also a storage room of about 119 sq. ft. was held open with a wedge. b. The door to bedroom 109 would not latch when closed. c. The door to the Spa on 200 Hall was wedged open. 3. Based on observation the required one-hour fire rated ceiling was compromised in a location.	C 189	Nozzle pointed at the floor rather than the cooking surface was corrected. Maintenance director will follow up after each hood inspection to ensure all nozzles are in the correct position and have not been moved or misdirected. This will be documented in the monthly safety checklist. All wedges have been removed from the Building. An in service with all Staff was given to ensure all staff are aware that wedges are not allowed. Monthly monitoring will be performed and documented each month during safety check to ensure no wedges are being used. The door to room 109 was adjusted to ensure it would latch properly when closed.	11/15/17 11/3/17

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C 189	Continued From page 3 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. Finding includes: Hole in the ceiling of the boiler room.	C 189	The hole in the ceiling in the boiler room has been repaired. Maintenance Director was in serviced regarding follow-Up inspections are to be performed after any repairs by outside contractors to ensure safety.	11/30/17	