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 _____	R 12/07/2017

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 Follow Up Construction Survey by Dennis Harrell on 12-7-2017. Some deficiencies were not corrected. Further action 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: 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	{C 101}	CONSTRUCTION SECTION JAN 08 2018 RECEIVED Facility has obtained and provided a full set of engineering plans for HVAC and furnished the inspection department of Iredell County for permit. All the work has been completed according to the building codes by	Completed

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

1-3-18 — ADMINISTRATOR

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{C 101}	Continued From page 1 not maintaining the 1 hour fire resistance rated ceiling. Finding on 12-7-2017; Some work has been done but the job is not complete and approved by the local AHJ.	{C 101}	...licensed installers and has never been inspected state surveyor to determine if it was completed only partially as indicated by this surveyor.	
{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 Enforement Official. Finding on 12-8-2017; Interview with staff rvealed 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. This is not in accordance with the 2012 NC Fire Prevention Code, Section 405.7, which requires, "emergency evacuation drills shall be initiated by activating the fire alarm system." Additionaly,	{C 185}	Facility will comply with the demand of the surveyor effectively immediately. A full drill complete with alarm has been conducted and facility will continue to perform this exercise on a quarterly basis.	Completed

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{C 185}	Continued From page 2 there is no record that the Code Enforcement Official has approved any modifications to the requirement for fire drills. 2. Based on a review of documents, documentation was not maintained in accordance with this Rule. Finding on 12-8-2017; 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 on 9-21-2017 and 12-7-2017; b. Combination emergency light/exit sign in corridor near room 2,	{C 189}	All emergency light batteries were replaced after the surveyors last visit of 9/21/2017 as the facility was inspected by the fire marshall shortly after where no deficiencies were noted by the marshall. The battery for the exit light by this identified exit door was replaced again. Facility put in place a policy to check batteries on a monthly basis.	Completed
	3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised		The noted hole in the basement at the conduit was caulked with approved,	Completed

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{C 189}	Continued From page 3 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. Unrated foam used to seal holes in ceiling of the room where the furnace was removed.	{C 189}	...fire-rated material. Surveyor is unable to identify the difference between rated and un-rated material. This deficiency was corrected immediately after the surveyors first visit of 9/21 by replacing the previous filler with a rated fire-block foam designed to prevent penetration of fire, smoke, draft for at least 1 hour. Product meets modified ASTM E 84 CLASS 1 for smoke development and flame spread and is approved by International Building Code (IBC) and International Residential Code (IRC) and state and local codes based on the IBC and IRC.	Completed