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
	HAL059033	A. BUILDING: 01 B. WING _____	02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON HOUSE	9460 HWY 64 UNION MILLS, NC 28167

(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 2-28-2018. Records indicate this facility was first licensed on 7-1-1966, for 30 beds. The current capacity is 29 beds. Based on this information, we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	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 was dated 1-27-16. Fire alarm systems that are not inspected and approved annually as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	Fire Inspection Included Complete 3/19/18.	
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	C 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Barlow — TITLE: Administrator — (X6) DATE: 5/14/18

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C 166	Continued From page 1 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, a facility exit was not maintained free of obstructions. Finding includes: A snack cart was found obstructing the exterior exit door from the dining room. Note; This deficiency was corrected during the survey.	C 166		
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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: The records available onsite indicated that all rehearsals this past year were done during the	C 185		

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C 185	Continued From page 2 1st shift.	C 185	MANAGING ~~STAFF~~ were instructed ~~to~~ follow Policy regarding fire rehearsal. To allow rehearsals to be done ~~quarterly~~ monthly & to alternate between 1st + 3rd (12 HR) shifts. So that all staff know what to implement during a fire rehearsal	3/5/18
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: Based on observation the required one-hour fire rated ceiling was compromised in a location. 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: Unsealed penetration in the ceiling of the linen closet.	C 189	All penetrations in linen room have been sealed with approved sealant/caulk	4/1/18.
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and	C 191		

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C 191	Continued From page 3 portable electric heaters are prohibited. (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 adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: There was a portable electric heater found in use in the Administrator's office. Note; This deficiency was corrected during the survey.	C 191	All portable heaters were removed from building 4/1/18.	

Sawyer Security
"The Best Choice for Peace of Mind"
P.O. Box 3606 Morganton, NC 28680
828-437-1596 Fax: 828-439-8272
sawyersecurity@bellsouth.net

INSPECTION & TEST / SYSTEM CERTIFICATION REPORT

Date: 3-19-18 Customer Number: A2101 / 8591

Customer Name: Houston House

Address: 9460 Hwy 64, Union Mills, N.C. 28167

Insurance Company: _____

System Testing: Monthly [ ] Quarterly [ ] Annual [✓] Installation [ ]

System Type / Control Panel: SAV 128/250 FBP-T-10-A-S1

A/C Test [ ] Turn off power & Test Battery [ ] A/C Loss Test [ ]

A/C Loss Time _____ Recommend Battery Replacement _____

EQUIPMENT TESTING / FIRE EQUIPMENT

27	Photo Electric Smoke Detector (s) Tested OK	✓	Ionization Smoke Detector (s) Tested _____
6	Heat Detector (s) Tested OK	4	Fire Alarm Pull Station (s) Tested OK
✓	Water Flow Switch (s) Tested _____	4	Strobe / Sounder (s) Tested OK
✓	Alarm Horn (s) / Strobe (s) Tested _____	1	Digital Communicator Tested OK
1	Cell communicator ~~Phone Line Seizure~~ Tested OK	✓	Door Holders / Release Units Tested _____
✓	Duct Detectors Tested _____	✓	Elevator Recall Tested _____

BURGLAR & OTHER EQUIPMENT

✓	Motion Detector (s) Tested _____	8	Door / ~~Window~~ Sensor (s) Tested OK
6	Console / Keypad Panics Tested OK	✓	Wireless Devices Tested _____
✓	Sounders / Strobe / Sirens Tested _____	✓	Temperature Detector (s) Tested _____
1	Panel Tamper Tested OK	—	_____ Tested ____

ALARM SIGNALS TESTING

✓ Codes Sent SCAN Results ✓ Tested OK [✓] ✓ Codes Received / Verify ✓

- System Restored to Normal Operation Date 3-19-18 Time _____
- The Following Did Not OPERATE Correctly: _____

Remarks: System working properly @ this time.

Owner, Manager or Representative

Field Service Representative