

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2018
NAME OF PROVIDER OR SUPPLIER HENDERSON'S ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792		
(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 6-27-2018. Records indicate that this facility was first licensed on 7-1-1983, for 26 beds. Based on this information we are requiring the facility to meet the 1977 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 rev 4 Edition of the North Carolina State Building Code; Section 409.1(c) Institutional Occupancy.	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: Based on observation, the facility failed to meet the NC State Building Code in effect at the time of	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 construction by not having all of the required components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 6-27-2018: The central emergency release switch for the Special (magnetic) Locking was not labled as required. Note; This deficiency was corrected during the survey.	C 101		
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 3-8-2017. 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		
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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, a toilet had been removed and the drain was not properly capped in the employee's bathroom. Improperly capped drains can allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 2. 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. Finding on 6-27-2018: A portable medical oxygen cylinder was stored in no rack or container in the pantry. 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.	C 185		

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C 185	Continued From page 3 This Rule is not met as evidenced by: 1. Based on a review of documents, the records available onsite did not include the time of the rehearsal. 2. Based on a review of documents, the records available onsite included little to 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, 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 remainder of the facility. Findings include; a. One of the smoke barrier doors did not close completely and latch when activated by the fire alarm system. b. The door to room 9 would not latch when closed. c. The door to the common shower room was	C 189		

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C 189	Continued From page 4 dragging and would not close and latch. d. The latchset strike was missing on the door to soiled linen. e. The latchset strike was missing on the door to the corridor bathroom. f. The latchset strike was missing on the door to bedroom 6. g. The latchset strike was missing on the door to clean linen. h. The latchset strike was missing on the door to the middle right rest room. i. The latchset strike was missing on the door common shower room. 2. Based on observation the required one-hour fire rated walls and ceiling 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 on 6-27-2018; a. A portion of the wall had been removed for plumbing repairs in the employee's bathroom. b. There were 2 unsealed penetrations at water pipes in the ceiling in bedroom 4. 3. Based on observation, the battery powered emergency light in the corridor near room 5 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. Note; This deficiency was corrected during the survey.	C 189		