STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097015	A. BUILDING: **01** B. WING _____	R **04/11/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE GLEN MANOR	**240 INDEPENDENCE AVENUE NORTH WILKESBORO, NC 28659**

(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 4-11-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observations, the facility did not meet the requirements for bathrooms by providing hand grips at the showers. Findings on 4-11-2018: a. Hand grips were not provided in the small showers of the residents' bathrooms. The nearest grab bar was approximately 20" away from the edge of the shower wall and would not be useful in providing assistance in getting in and out of the shower.	{C 133} (a)	Hand grips have been installed in all private rooms as directed as of 4/20/2018.	
{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}		

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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: 1. Observations revealed that the facility was not maintained free of hazards by not properly storing oxygen cylinders. Unsecured oxygen tanks could cause harm to residents, staff and visitors is they fall over. Findings on January 11, 2018: a. 200B - four unsecured oxygen tanks were found in the storage room. Finding on 4-11-2018; Several (6) portable medical oxygen cylinders were stored in an unapproved beverage crates or in the storage room.	{C 166}	Medical supplier removed unapproved beverage crates and replaced with approved metal containers for oxygen cylinders as of 4/12/2018.	
{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:	{C 185}		

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{C 185}	Continued From page 2 1. Review of records revealed that the fire rehearsals did not meet the requirements of the licensure rules by not providing a short description of what the rehearsal involved. Findings on 4-11- 2018: a. The descriptions did not provide what the rehearsal involved, only what was reviewed or discussed.	{C 185}	Fire rehearsals are in compliance as directed as of 4/13/2018.	
{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: 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 4-11-2018: a. SCU - the left leaf of cross corridor doors in the unit did not latch when released by the fire alarm. 3. Based on observation the facility did not maintain electrical emergency/safety lighting	{C 189}		

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{C 189}	Continued From page 3 equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated or properly indicated during a power outage. Findings on 4-11-2018: a. The exterior emergency light at the exit by Room 221 did not illuminate when tested on battery backup. 4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on 4-11-2018: a. The Dining room kick downs had been removed, however, there was a large gap between the doors ranging from 1/4 inch at the top to 1/2 inch at the bottom. The doors must fit properly or be provided with an astragal to close the gap. b. Kitchen pantry - the pantry door was propped open with a box. This was removed at the time of survey.	{C 189} (a) (a) (b)	Test button replaced by maintenance on 4/12/2018. Astragal installed on dining room doors as directed 4/13/2018. Staff notified pantry door to remain closed at all times as of 4/11/2018.	