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
	HAL044039	A. BUILDING: 01 B. WING _____	07/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES ELMS	39 LOVING WAY CLYDE, NC 28721

(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 7-3-2018. Records indicate this facility was first licensed as a Home for the Aged serving 20 residents on 1-1-1986. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 NC State Building Code, Section 409 Institutional Occupancy.	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 could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	Infinety Systems Will be conducting the test and inspection on the alarm system. 8.20.2018	
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and	C 159		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATIVE — (X6) DATE: 8/14/18

RECEIVED
AUG 20 2018
CONSTRUCTION SECTION

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES ELMS	39 LOVING WAY CLYDE, NC 28721

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C 159	Continued From page 1 family, even if all laundry services are contracted. This Rule is not met as evidenced by: Based on observation, a serviceable residential washer and dryer were not available. Findings on 7-3-2018; a. A residential washer and dryer were provided in a separate room but neither were connected to power, the washer was not connected to water or drain and the dryer was not connected to an exhaust vent. b. Items were stored in the room making the washer inaccessible.	C 159	Washer is now connected to power, water and drain. Dryer is now vented through the roof. Room has been cleared of all debris.	8.5.2018
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: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	All fire drill records will be maintained onsite in the RCC office. Copies will be provided. Not all were stored onsite.	8.14.2018

Division of Health Service Regulation

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	HAL044039	A. BUILDING: 01 B. WING _____	07/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPICEWOOD COTTAGES ELMS	39 LOVING WAY CLYDE, NC 28721

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C 189	Continued From page 2	C 189		
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, 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 door to bedroom 603 would not latch when closed. b. There was a hole at the latchset through the door to the dining room.	C 189	A. The door to Room 603 has been adjusted to latch properly. B. A new trim ring has been installed on dining room door.	7.11.2018

SN ELMS

1ST QUARTER
1ST SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 2/21/18

Location of Drill: COVERED PORCH

Time: 1:30 am/(pm) **Shift:** 1st ✓ 2nd _____ 3rd _____

RESULTS

Response Time by Employees: 1 minutes

Response Time by Nurse in calling Fire Dept: 1 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ____

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ____

Drill Rating: Excellent: ____ Good ✓ Fair: ____ Poor: _____

COMMENTS:

MUCH IMPROVED FROM LAST DRILL ON PORCH! RESPONSE TIME TO FIND THE FIRE WAS MUCH FASTER.

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Miranda Dye	MT			
Kristen Grant	RCC			
Tammy Roberts	MT			ADM
RA	CP PCA			

SW ECMS

3RD QUARTER
1ST SHIFT

FIRE DRILL RECORD

Conducted by: BRANDON HARRELL Date: 6/20/18
Location of Drill: BM # 605
Time: 10:30 AM Shift - 1st ✓ 2nd ____ 3rd ____

RESULTS

Response Time by Employees: ____ / ____ minutes
Response Time by Nurse in calling Fire Dept: ____ / ____ minutes
Did fire doors close? YES ____ / NO ____
Were all residents put in rooms? YES ✓ / NO ____
PULL ALARM ____, GET EXTINGUISHER ____,
OTHER ____,
Did employee(s) get extinquisher and pretend to put out fire ?
YES ✓ / NO ____

Drill Rating: Excellent ____ Good ✓ Fair ____ Poor ____
Comments: VERY GOOD REASONABLE TIME. FIRE FOUND QUICKLY. FIRE EXTINGUISHERS WERE CARRIED TO ROOM.

SIGNATURE OF PARTICIPANTS

Name & Title	Name & Title
Dean Ray CNA Med Aide	
Judy Mills	Sandra Wiener
Joan Jones	
	BH

Note: USE REVERSE SIDE FOR ADDITIONAL SIGNATURES

SW ECMS

3RD QUARTER
1ST SHIFT

FIRE DRILL RECORD

Conducted by: BEN MOODY Date: 7/9/17

Location of Drill: _____

Time: 10:45 am/pm **Shift:** 1st ✓ 2nd _____ 3rd _____

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ____

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: ✓

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ____

Drill Rating: Excellent: ____ Good ✓ Fair: ____ Poor: _____

COMMENTS:

FIRE FOUND & FD CALLED QUICKLY
HALLWAYS CLEARED & RESIDENTS PUT IN ROOMS

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Miranda Page	MT			
Justin Grant	RCC			
Tammy Roberts	MT GTP PCA			

SW ELM2

4TH QUARTER
1ST SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 12/16/17

Location of Drill: COVERED PORCH

Time: 11:30 (am)/pm **Shift:** 1st ✓ 2nd _____ 3rd _____

RESULTS

Response Time by Employees: 3 minutes

Response Time by Nurse in calling Fire Dept: 3 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ___

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ___

Drill Rating: Excellent: ___ Good ✓ Fair: ___ Poor: _____

COMMENTS:

HALLWAYS CLEARED, FIRE EXTINGUISHERS WERE CARRIED TO FIRE AREA. A BIT SLOW FINDING FIRE.

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Kristin Grant	RCC			
Tammy Roberts	MT			
Miranda Dye RN	MT EMT PCA			

SW ECMS

1ST QUARTER
2ND SHIFT

FIRE DRILL RECORD

Conducted by: BRANDON NABRELL Date: 1/24/18

Location of Drill: SOILED UTILITY

Time: 3:45 am/pm **Shift:** 1st _____ 2nd ✓ 3rd _____

RESULTS

Response Time by Employees: 1 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ____

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: ✓

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ____

Drill Rating: Excellent: ____ Good ✓ Fair: ____ Poor: _____

COMMENTS:

OVERALL GOOD DRILL. FIRE FOUND AND HALLWAYS CLEARED IN UNDER 2 MINS

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Mary Gilbert	Medtech			
[illegible]	RCC			
[illegible] RN	GP PCA			
Ronnie James	Cook			

SW ELMS

2ND QUARTER
2ND SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 5/14/18

Location of Drill: Rm # 602

Time: 8:10 am/pm **Shift:** 1st ____ 2nd ✓ 3rd ____

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ___

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ___ **NO** ___

Drill Rating: Excellent: ___ Good ✓ Fair: ___ Poor: _____

COMMENTS:

SIMULATED RESIDENT SMOKING IN ROOM AND CATCHING FIRE. STAFF PUT OUT FIRE AND EVACUATED RESIDENTS. GOOD DRILL

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Kallie Badalucca	PCA			
Rac Kaplin Grent	RCC			
[illegible]	CM PCA			
Jamie R Ryan	Cook			ADM

SW ELMS

3RD QUARTER
2ND SHIFT

FIRE DRILL RECORD

Conducted by: GEN MOODY Date: 8/14/17

Location of Drill: LIVING RM

Time: 8:40 am/(pm) **Shift:** 1st ____ 2nd ✓ 3rd ____

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 3 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ____ **NO** ✓

PULL ALARM: ____ GET EXTINGUISHER: ____ OTHER: ____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ____

Drill Rating: Excellent: ____ Good ____ Fair: ✓ Poor: ____

COMMENTS:

RESPONSE TIME OK. HALLWAYS WERE NOT CLEARED. RESIDENTS STILL IN HALLWAYS REVIEWED PROCEDURES & STAFF

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Tammy Roberts	MT			
[illegible] Grand	RCC			
[illegible] Moody	RCC			
Norris James	COOK			

SW ELMS

4TH QUARTER
2ND SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 11/12/17

Location of Drill: HOT WATER HEATER RM

Time: 6:15 am/(pm) **Shift:** 1st _____ 2nd ✓ 3rd _____

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 4 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ____

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ____

Drill Rating: Excellent: ____ Good ____ Fair: ✓ Poor: _____

COMMENTS:

CLEARED HALLWAYS AND RETRIEVED FIRE EXTINGUISHERS QUICKLY. TOOK A LITTLE TOO LONG TO FIND FIRE. WAS IN OUTSIDE STORAGE AREA.

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Imeegee Saunders	PCA			
Cynthia Cockrell	MT			
Angel Moore	PCA			
Jillie Lupella	COOK			

SW ELMS

1ST QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by: BEN MOODY Date: 2/6/18

Location of Drill: PUBLIC REST ROOM

Time: 4:30 am/~~pm~~ **Shift:** 1st _____ 2nd _____ 3rd ✓

RESULTS

Response Time by Employees: 1 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ____

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ____ **NO** ✓

Drill Rating: Excellent: ____ Good ____ Fair: ✓ Poor: _____

COMMENTS:

FOUND FIRE QUICKLY & CALLED FIRE DEPT.
DIDN'T BRING EXTINGUISHERS

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Cynthia Cardwell	MT			
Janice Fisher	HR			
			BM	

SW ELMS

2ND QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by: BRANDON ARDRELL Date: 5/21/18

Location of Drill: Room 608

Time: 5:45 (am)/pm **Shift:** 1st _____ 2nd _____ 3rd ✓

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ___ **NO** ___

Were all residents put in rooms: **YES** ✓ **NO** ___

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ___

Drill Rating: Excellent: ___ Good ✓ Fair: ___ Poor: _____

COMMENTS:

RESIDENTS STILL IN BED. FOUND FIRE AND CALLED F.D. QUICKLY

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Cynthia Cardwell	MT			
Rose Lynn	MT			

SW ELMS

3RD QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 8/30/17

Location of Drill: LIVING ROOM

Time: 12:00 (am)/pm **Shift:** 1st _____ 2nd _____ 3rd ✓

RESULTS

Response Time by Employees: N/A minutes

Response Time by Nurse in calling Fire Dept: _____ minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ____ **NO** ___

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ___ **NO** ___

Drill Rating: Excellent: ___ Good ___ Fair: ___ Poor: _____

COMMENTS:

DID NOT ACTIVATE ALARM REVIEWED ALL FIRE SAFETY + EVACUATION PROCEDURES

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Cynthia Cardwell	MT			
Angel Meeks				APM

SW PLMS

4TH QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by: AARON CRAWFORD Date: 11/14/17

Location of Drill: DINING RM

Time: 6:00 am/pm **Shift:** 1st _____ 2nd _____ 3rd ✓

RESULTS

Response Time by Employees: 2 minutes

Response Time by Nurse in calling Fire Dept: 2 minutes

Did fire doors close: **YES** ____ **NO** ____

Were all residents put in rooms: **YES** ✓ **NO** ___

PULL ALARM: _____ GET EXTINGUISHER: _____ OTHER: _____

Did employee(s) get extinguisher and pretend to put out fire? **YES** ✓ **NO** ___

Drill Rating: Excellent: ___ Good ✓ Fair: ___ Poor: _____

COMMENTS:

GOOD RESPONSE TIME IN FINDING FIRE AND CALLING FD

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
Cynthia Cardwell	MT			
Crystal Mack	PCA			
				APM