

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 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	Infineity 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

(X6) DATE

STATE FORM

6899

EY2H21

If continuation sheet 1 of 3

RECEIVED

AUG 20 2018

CONSTRUCTION SECTION

ADMINISTRATIVE

8/14/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2018
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1044039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2018
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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

SW 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 (pm) Shift: 1st ☒ 2nd ☐ 3rd ☐

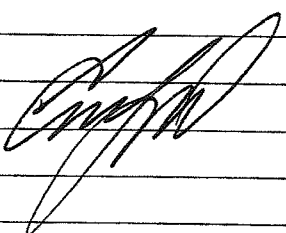
RESULTS

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			
Christin Grant	RCC			
Tammy Roberts	MT			
	CIP PCA			ADM

FIRE DRILL RECORD

Conducted by: BRANDON HARRELL Date: 6/20/18
Location of Drill: Rm # 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 extinguisher and pretend to put out fire ?

YES ☒ / NO ☐

Drill Rating: Excellent ☐ Good ☒ Fair ☐ Poor ☐

Comments: VERY GOOD RESPONSE TIME. FIRE
FRANK QUICKLY. FIRE EXTINGUISHERS WERE
CARRIED TO ROOM.

SIGNATURE OF PARTICIPANTS

Name & Title

Dean Ray CNA Med Dir
Judy Mills
Jan Jones

Name & Title

Sandra Wiener
BH

Note: USE REVERSE SIDE FOR ADDITIONAL SIGNATURES

SW ECMS

3RD QUARTER
1ST SHIFTFIRE DRILL RECORDConducted by: BEN MOODYDate: 7/9/17

Location of Drill: _____

Time: 10:45 (am)/pmShift: 1st ☒ 2nd _____ 3rd _____RESULTSResponse Time by Employees: 2 minutesResponse 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 & FP CALLED QUICKLY
HALLWAYS CLEARED & RESIDENTS PUT IN ROOMSSIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
<u>Miranda Dye</u>	<u>MT</u>			
<u>Pauline Grant</u>	<u>RCC</u>			
<u>Sammy Roberts</u>	<u>MT</u>			
<u>[Signature]</u>	<u>CIP PCA</u>			
			<u>BM</u>	

SW ELM

NTH QUARTER
1ST SHIFTFIRE DRILL RECORDConducted by: ARON CRAWFORDDate: 12/16/17Location of Drill: COVERED PORCHTime: 11:30 am/pmShift: 1st ☒ 2nd ☐ 3rd ☐RESULTSResponse Time by Employees: 3 minutesResponse Time by Nurse in calling Fire Dept: 3 minutesDid 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
<u>Houston Grant</u>	<u>RCC</u>			
<u>Tammy Roberts</u>	<u>MT</u>			
<u>Mirandella Dye</u>	<u>MT</u>			
<u>Eric Fitch</u>	<u>EIP PCA</u>		<u>[Signature]</u>	<u>ADM</u>

SW ELMS

1ST QUARTER
2ND SHIFT

FIRE DRILL RECORD

Conducted by: BRANDON NABBEU Date: 1/24/18
Location of Drill: SOLEL UTILITY
Time: 3:45 am/pm (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	med tech			
Phyllis Grant	RCC			
Ken R	GIP PCA			
Ronnie James	Cook		<u>DN</u>	MAINT

SW E LMS

2ND QUARTER
2ND SHIFTFIRE DRILL RECORD

Conducted by:

AARON GAWFORD

Date:

5/14/18

Location of Drill:

Rm # 602

Time:

8:10 am/pm

Shift: 1st2nd3rdRESULTS

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		
RCC	RCC		
Cherie R. Dupont	PCA		
	COOL		

SW ELMS

3RD QUARTER
2ND SHIFTFIRE DRILL RECORDConducted by: SEN MOODYDate: 8/14/17Location of Drill: LIVING RMTime: 8:40 am/pm pmShift: 1st _____ 2nd ☒ 3rd _____RESULTSResponse Time by Employees: 2 minutesResponse 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
<u>Tammy Roberts</u>	<u>MT</u>			
<u>Kristen Shant</u>	<u>RCC</u>			
<u>Quel Mack</u>	<u>PCA</u>		<u>BN</u>	
<u>Karen James</u>	<u>COOK</u>			

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 (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 WHILE TOO
LONG TO FIND FIRE. WAS IN OUTSIDE STORAGE
AREA.

SIGNATURES OF PARTICIPANTS

Name	Title	Name	Title
<u>Ingegerun Saunders</u>	<u>PCA</u>		
<u>Cynthia Goodell</u>	<u>MT</u>		
<u>Coral Mack</u>	<u>PCA</u>		
<u>Julie Ripner</u>	<u>COOL</u>	<u>[Signature]</u>	<u>NPM</u>

SW ELMS

1ST QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by: BEN MOODY Date: 2/6/18
Location of Drill: PUBLIC REST ROOM
Time: 11:30 am/pm (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			

SW ELMS

2ND QUARTER
3RD SHIFT

FIRE DRILL RECORD

Conducted by:

BRANDON ADDELL

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
<u>Gynthia Cardwell</u>	<u>MT</u>			
<u>Rene Lynn</u>	<u>MT</u>			

SN 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: _____

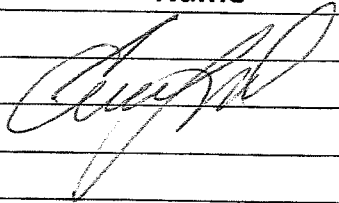
Did employee(s) get extinguisher and pretend to put out fire? YES _____ NO _____

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

COMMENTS:

DID NOT ACTIVATE ALARM REVIEWED ALL
FIRE SAFETY & EVACUATION PROCEDURES

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
<u>Cynthia Cardwell</u>	<u>MT</u>			<u>APM</u>
<u>Angel Mack</u>				

50 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: _____

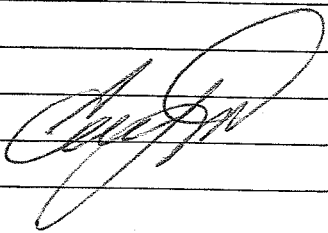
Did employee(s) get extinguisher and pretend to put out fire? YES ☒ NO _____

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

COMMENTS:

GOOD RESPONSE TIME IN FINDING
FIRE AND CALLING FD

SIGNATURES OF PARTICIPANTS

Name	Title		Name	Title
<u>Cynthia Cardwell</u>	<u>mt</u>			
<u>Orzel Mack</u>	<u>SCLA</u>			
				<u>Adm</u>