

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2018
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 67 LOVINGWAY 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 on 5-1-1988, for a capacity of 20 beds. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code, and the applicable portions of the current 2005 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 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	INFINITY SYSTEMS WILL TEST AND INSPECT FIRE ALARM SYSTEMS ON 8/2/18	
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	C 185	ALL FIRE DRILL RECORDS WILL BE MAINTAINED ON SIGHT IN ADMINISTRATIVE OFFICES. CURRENT COPIES WILL BE PROVIDED.	7/10/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

THZ821

If continuation sheet 1 of 3

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C 185	Continued From page 1 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		
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, the battery powered emergency light in the dining room 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. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to	C 189	LIGHT HAS BEEN REPLACED MONTHLY CHECKLIST WILL BE MAINTAINED TO ENSURE ALL EMERGENCY LIGHTING IS FUNCTIONAL.	7/16/18

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C 189	Continued From page 2 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 on 7-3-2018; a. The door to bedroom 408 will not latch when closed. b. The door to bedroom 409 will not latch when closed. c. The door to bedroom 411 will not latch when closed. d. The latchset was missing on the door from the kitchen to the dining room. e. There was a hole at the latchset through the door to the kitchen storage room. f. The door to bedroom 402 does not fit the opening properly to be resistant to the passage of smoke. g. The door to the living room was wedged open. Note; This deficiency was corrected during the survey. 3. Based on observation, the required one-hour fire rated wall 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 on 7-3-2018; Unrated orange foam had been used to seal around a flue above a tankless water heater in a space off the kitchen.	C 189 ABC A E F 3	ROOMS 408, 409 AND 411 7/6/18 HAVE ALL BEEN ADJUSTED SO THEY WILL LATCH PROPERLY LATCH SET HAS BEEN 7/6/18 REPLACED ON DOOR FROM KIT TO DINING RM. TRIM RINGS WERE 7/6/18 PLACED OVER LATCH SET TO COVER ANY EXPOSED AREA EXTENSION WAS PLACED 7/6/18 ON TOP OF DOOR TO PREVENT PASSAGE OF SMOKE INTO OTHER AREAS. UNRATED FOAM WAS 7/10/18 REMOVED FROM FLUE AND REPLACED WITH FIRE RATED MATERIAL	