Hickory Village

FID# 970790

License # HAL-018-015

DHSR Construction Survey of September 5th, 2018

Section.0300-PHYSICAL PLANDT 10a NCAC 13F .0302

DESIGN AND CONSTRUCTION.

Tag# C111

1. Sept. 6th the water gong was fixed by Central Carolina Sprinkler Co. of Lincolnton NC.

SECTION .300-PHYSICAL PLANT 10a NCAC 13F .306

HOUSEKEEPING AND FURNISHINGS

Tag# C164

1. 09/06/2018 JP Maintenance man cleaned the ventilation system with its radiation damper of the accumulation of dust and lint.

Tag# C166

1. 09/05/2018 JP Maintenance man fixed portable oxygen container the day of survey while Ed Miller was in building and put into secured rack.

Tag# C175

1. 09/06/2018 JP Maintenance man put up towel bars in room 105, 107, 204, 206, so that all rooms that joined had four towel bars in of the conjoin rooms allowing each resident to have a towel bar.

SECTION .300-PHYSICAL PLANT 10A NCAC 13F .0311

Tag# C189

1. 09/06/2018 JP Maintenance man Conduit fixed in medication room behind locking door.
2. 09/06/2018 JP Maintenance man fixed fire sprinkler riser room escutcheon plate to cover the hole through the fire-resistance-rated ceiling.
3. 09/06/2018 JP Maintenance man fixed the exterior light fixtures by putting some form of cover, globe, or shroud on the light fixture.

SECTION .300-PHYSICAL PLANT 10A NCAC 13F .0311

Tag# C199

1. September 25, 2018 JP Maintenance man the exhaust fans in Bedroom 405 bathroom exhaust ventilation fan was replaced.
2. September 25, 2018 JP Maintenance man cleaned the squirrel cage on the kitchen exhaust fan which of debris/lint: dust, grim which allowed the fan to be functional.

The Maintenance Director will be checking the building throughout the week while at our facility and reporting back to the Administer if anything might become out of compliance. On a monthly basis the Maintenance Director and/ or Administrator will assure facility compliance with these requirement by auditing that the procedures are being followed.

Daniel Jones, Administrator

10-12-2018

Date

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 2, 2018

Daniel Jones
427 3rd Avenue Se
Hickory, NC 28602

RE: Hickory Village - HA Biennial Survey
427 3rd Avenue Se
Hickory Catawba County
FID #970790 Hal018015

Dear Mr. Jones:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on September 5, 2018. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by October 17, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by October 17, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by October 17, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Catawba County DSS - with attachment-(via e-mail only)

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
	HAL018015	A. BUILDING: 01 B. WING _____	09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VILLAGE	427 3RD AVENUE SE HICKORY, NC 28602

(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 a Construction Section Biennial Survey by Ed Miller, conducted on September 5, 2018. Records indicate this facility was first licensed on 7-8-1997 for 56 residents. Based on this information we are requiring the facility to meet the 1996 rules for 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 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	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: 1. Based on record review, and interview with Executive Director and Facility Manager the facility failed to repair deficiency discovered during annual inspection required by this Rule. Findings on September 5, 2018: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25, performed in May 2018 listed a deficiency that the water gong was not functioning.	C 111	Daniel Jones Administrator	Sept-6 2018

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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C 164	Continued From page 1	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on September 5, 2018: a. Public Rest Room near Staff Station - the ventilation system with its radiation damper have an excessive accumulation of dust/lint.	C 164	Daniel Jones Administrator	9-6-18
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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders	C 166	Daniel Jones Administrator	9-5-18

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C 166	Continued From page 2 fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 5, 2018: a. Time Clock room - one portable medical oxygen cylinder is standing up on the floor plastic crate not physical secured in a rack, stand or by chains.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towel bars for each resident. Findings on September 5, 2018: a. Bedrooms 105 & 107 - these double occupancy bedrooms, share a bathroom and there are only two of the required four towel bars present in the immediate area. b. Bedrooms 204 & 206 - these double occupancy bedrooms, share a bathroom and there are only three of the required four towel bars present in the immediate area.	C 175	Daniel Jones Administrator	9-6-18
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189	Daniel Jones Administrator	9-6-18

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C 189	Continued From page 3 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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on September 5, 2018: a. Med room - there is a gap around a conduit, from the door locking control box, not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on September 5, 2018: a. Riser Room - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all if walking areas are not illuminated, alerting all of tripping hazards and/or obstructions. Findings on September 5, 2018:	C 189	9-6-18 Daniel Jones Administrator	

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C 189	Continued From page 4 a. Most of the exterior light fixtures were missing some form of cover, globe, or shroud, making it difficult to keep rain out of the fixture and directing the light to the desired locations.	C 189	Daniel Jo Administrator 9-6-18	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 5, 2018: a. Bedroom 405 Bathroom - the required exhaust ventilation system did not work. b. Kitchen Housekeeping - the required exhaust ventilation system did not work.	C 199	Daniel Jo Administrator 9-6-18	