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
	HAL044042	A. BUILDING: 01 B. WING	11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD HOUSE	27 NORTH MAIN STREET CANTON, NC 28716

(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 11-15-2018. Records indicate this facility was originally constructed and licensed as a nursing home. The facility was licensed for the first time as an Adult Care Home on 6-29-2012, (submitted on 5-23-2011). The facility is currently licensed as a 60 Bed Special Care Unit. Therefore the facility was surveyed for conformance with 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009 Edition of the North Carolina State Building Code(s), Institutional Occupancy.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101	C 101 "First Fire" facilities fire equipment provider will install pull stations within 20 feet from the exits on both the mens and womens halls	01/10/19

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

Jenny Stanley — Executive Director — 12/18/18

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C 101	Continued From page 1 Based on observation, the facility failed to meet the Building Code when constructed or altered. Building Code requires fire alarm systems to have pull stations at each required exit. Findings on 11-15-2018; a. On the Men's Hall, the pull station is 20 feet from the exit and there are 3 corridor doors between it and the exit. b. On the Women's Hall, the pull station is 20 feet from the exit and there are 2 corridor doors between it and the exit.	C 101		
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 most recent sprinkler system inspection report dated 6-14-18, listed several significant deficiencies. No subsequent documentation was available to indicate the deficiencies had been corrected.	C 111	C111 "Odyssey" who maintains facilities sprinkler system Will provide follow up documentation to sprinkler system inspection report dated 6-14-18 to include deficiencies listed had been corrected.	01/10/19
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;	C 133	C 133 Bathroom/tub hand-grip was installed	01/10/19

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C 133	Continued From page 2 This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the tub on the 2nd floor.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 11-15-2018: On the 3rd floor, furniture and other items were stored in the corridor reducing the clear width to about 3 feet.	C 150	C 150 3rd Floor corridor has been cleared of equipment and obstructions	01/10/19
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, an exterior exit path was not maintained uncluttered and free of	C 166	C 166 Gate, limbs and buckets have been removed. Regional Maintenance Director is to meet with Fire Marshall to approve a different means of egress regarding cement blocks for dryer	01/10/19

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C 166	Continued From page 3 obstructions. All deficiencies listed refer to the exit sidewalk from the 2nd floor that goes around the rear of the building. Findings on 11-15-2018; a. The sidewalk was cluttered with limbs and yard debris. b. The sidewalk was cluttered with buckets and a gate that had been removed from its hinges. c. A cement block enclosure for the clothes dryer exhaust protruded over the sidewalk leaving only 2.5 feet clear. d. A retaining wall at the right rear of the facility left only 3.5 feet of clear sidewalk. e. Cement water diverters (2), each about 1 inch tall, had been installed across the sidewalk which presented and trip and fall hazard. 2. Based on observation, a drain cleanout protruded 1.25 inches above the sidewalk on the left end of the facility. The protruding cleanout presented a trip and fall hazard.	C 166	Cement water diverts have been removed	12/18/16
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	C 185	C 185 Fire Drills schedule has been made to include every shift once a quarter. Recent fire drills have included a scenario and description of what rehearsal involved.	12/04/18

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C 185	Continued From page 4 facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of this year, there was no rehearsal done during the 1st shift. d. In the 4th of last year, there were no rehearsals done during the 2nd or 3rd shifts. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	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 fire alarm system was showing a "Trouble 3rd floor" condition. Fire	C 189	C 189 1. Alarm trouble sign was being repaired during the inspection. It was repaired before Inspector left the facility. 2. all corridor doors have been repaired/adjusted/parts installed and are closing properly. The Administrators office door, Med room door and room 104 holes at latch set have been repaired.	01/10/19

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C 189	Continued From page 5 alarms in "Trouble" may fail to operate properly when needed. Note; This deficiency was corrected during the survey. 2. Based on observation, many 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 on 11-15-2018; a. One of the smoke barrier doors near the elevator does not close completely and latch when activated by the fire alarm system. b. The other smoke barrier door near the elevator is difficult to open when latched. c. The co-ordinator was missing from the smoke barrier doors on the Women's Hall. The result was the doors closed out of order and could not close completely or latch. d. There was a hole at the latchset through the door to the Administrator's office. e. There was a hole at the latchset through the door to the Medroom. f. There was a hole at the latchset through the door to the Activity room in the back building. g. There was a hole at the latchset through the door to room 104. 3. Based on observation, the combination exit sign/battery powered emergency light at the courtyard gate was not illuminated. Also, the emergency light could not be tested because the test switch was missing. Exit signs/battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. . Based on observation, the required one-hour	C 189	combination sign/battery replaced	01/10/19

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C 189	Continued From page 6 fire rated walls and/or ceilings were compromised in locations. 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. Findings on 11-15-2018: a. Unsealed sleeve in the wall of the boiler/riser room, b. Unsealed wire penetrations in the wall of the boiler/riser room, c. At least 6 fire rated 2 ft. by 2 ft. ceiling tiles were missing on the 3rd floor. d. Many fire rated 2 ft. by 2 ft. ceiling tiles were stained and water damaged on the 3rd floor. Note; Many fire rated 2 ft. by 2 ft. ceiling tiles were also found to be missing or water damaged during the Construction survey of 1-11-17. Both times maintenance staff stated the leaking roof to be the problem. e. Fire rated ceiling tile missing in the main laundry.	C 189	holes and penetrations are sealed unsealed sleeves and unsealed wire pentrations in the wall of the boiler room repaired Missing tiles on 3rd floor replaced, damaged and stained ceiling tiles were replaced.	01/10/19
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 195	The boiler was being repaired at the time the inspection. Water temps are back to supply adequate hot water kitchen, bathrooms,laundry, housekeeping and solied utility rooms.	11/15/18

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C 195	Continued From page 7 This Rule is not met as evidenced by: Based on observation, the relief valve on one of the water heaters was badly leaking. The result was the hot water temperature was checked and found to be only 74 degrees F. Note; A plumbing crew arrived during the survey to correct this problem.	C 195		