STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL050017	A. BUILDING: 01 B. WING _____	11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HERMITAGE	185 BRICKFARM ROAD DILLSBORO, NC 28725

(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 and Dennis Harrell, conducted on November 28, 2018. Records indicate that this ninety-bed facility was first submitted on 11-3-2008, and first licensed on 1-12-2010. Based on this information, the facility must meet the current 2005 Rules for Adult Care Homes of Seven or More Beds and the 2006 NC State Building Code. Deficiencies were cited that require a Plan of Correction.	C 000		
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: 1. Based on observation and interview with Staff, the facility failed to meet the Code	C 101	All staff were inserviced on 12/14/2018. All newly hired staff will be insreviced on the first day of employment.	12/14/2018

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C 101	Continued From page 1 requirements in effect at the time of construction or alterations by not having all of the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on November 28, 2018: a. SCU - most staff interviewed did not know about the use and location of the center on/off emergency release switch.	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: 1. Based on record review, and interview with Executive Director and Regional Maintenance the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on November 28, 2018: a. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor. 2. . Based on record review, and interview with Executive Director and Regional Maintenance, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule.	C 111	Annual Fire Alarm Sustem Inspection and Testing Report attached for your review.	1/11/2018

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C 111	Continued From page 2 Findings on November 28, 2018: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25 performed on 03/26/2018 listed several deficiencies that have not been addressed.	C 111	We have contacted First Fire for a quote to fix address and deficiencies; estimated compleation date 2/22/2019	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on November 28, 2018: a. Middle Hall Cross-Corridor-Door SCU side - this "Special Locking System" exit has a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification	C 154	Alarmed protective cover was replaced on 12/05/2018	12/05/2018

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C 154	Continued From page 3 device.	C 154		
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, and interview with Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on November 28, 2018: a. Bedroom 309 Bathroom - the connection of the commode to the floor is loose. 2. Based on observation, the building floors are not kept clean and in good repair. Findings on November 28, 2018: a. Bedroom 307 Bathroom - the floor is marred up in this room. 3. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on November 28, 2018: a. Bedroom 202 - there is a strong urine odor that persisted during the Construction Survey. There is also a wet spot on the carpet. b. SCU Housekeeping - the room has an odor.	C 164	Commode was secured to the floor with appropriate caulk on 11/29/2018 Floor was cleaned on 11/29/2018; all scuff marks were removed; housekeeping continues to check all floors for scuff marks and removes them immediatly. Carpet in room 202 was cleaned on 11/29/2018; housekeeping continues to clean carpet as needed.	11/29/2018 11/29/2018 11/29/2018

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C 164	Continued From page 4 Water was poured into the mop sink and the odor when a way. c. SCU - every time you enter the SCU, you notice a urine odor. The odor persisted during the Construction Survey.	C 164	Mop sink was cleaned on 11/29/2018 and continues to be cleaned after each use. Odor Counteractant sprayed as needed to remove odors.	11/29/2018
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, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on November 28, 2018: a. Bedroom 309 Bathroom - the mounting brackets for a removed towel bar remain attached to the wall. These brackets have rough and sharp edges, which could cause injury.	C 166	Room 309; Towel bracket was removed on 11/29/2018 until new towel bar was ordered and replaced.	11/29/2018
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	C 175		

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C 175	Continued From page 5 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 towels and/or towel bars for each resident. Findings on November 28, 2018: a. Bedroom 309 - this double occupancy bedroom has one of its towel bars missing.	C 175	Towel bar was replaced on 12/05/2018	12/05/2018
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on November 28, 2018: a. Corridor near Bedroom 107 - A fire extinguisher cabinet door is missing one of the screws that attaches the handle to the cabinet door.	C 183	Screw for handle was replaced on 11/29/2018	11/29/2018

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C 189	Continued From page 6	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: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 28, 2018: a. SCU Courtyard Back Gate - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. SCU Courtyard Front Gate - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. SCU Courtyard Back Gate - the exit sign did not illuminate on backup power when tested. d. Middle Hall Cross-Corridor-Door SCU side - the self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach all areas of a room.	C 189	Light Bulbs replaced on 11/29/2018 Exit sign was replaced with a combo Exit Sign/Emergency light unit on 12/5/2018 Light Bulb replaced on 11/29/2018 Boxes were removed from the top shelf on 11/29/2018 and ED checks weekly to maintain compliance	11/29/2018 12/05/2018 11/29/2018 11/29/2018

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C 189	Continued From page 7 Findings on November 28, 2018: a. Maintenance Hall Equipment Storage - items are being stored within the area 18 inches below the fire sprinkler heads.	C 189		
	3. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on November 28, 2018: a. Laundry - a fire sprinkler head is debris-loaded with lint.		Sprinkler head was cleaned on 11/29/2018	11/29/2018
	4. 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 November 28, 2018: a. Exterior Mech Room - there are two sleeves with cable bundles not fully firestopped as they penetrate the fire-resistance-rated ceiling assembly.		Sleeves were fully firestopped using UL Rated fire caulk on 11/29/2018	11/29/2018
	5. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on November 28, 2018: a. Bedroom 310 - the corridor door has a wooden door hanger on its door handle blocking the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed site		Door hinges for room 310 was removed on 11/28/2018	11/28/2018
	b. Bedroom 309 - the corridor door has a trashcan holding the door open. This prevents the rapid release of the door with a light push or pull		Door henges were adjusted so that the door remains open without dooe stop on 12/05/2018	12/05/2018

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C 189	Continued From page 8 of the door, to close and latch. c. Bedroom 411 - the corridor door has a walker blocking the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. d. Take a Break Bistro - the corridor door closure is loose and my fall off the door. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 28, 2018: a. Bedroom 410 - the corridor door does not latch into its frame when closed. b. Maintenance Hall Equipment Storage - there are two 1/4 inch diameter holes through the corridor door around the door handle. c. SCU Back Entrance - the pair of corridor doors had a 1/4 inch gap between their brush astragal. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 28, 2018: a. SCU Coordinators Office -a multiple plug adaptor without integral overcurrent protection is attached to serval flexible electrical power cords with electrical devices connected.	C 189	Room 411 walker was removed on 11/28/2018; resident instructed to store walker elsewhere. Take a Break Bistro door closure was fixed on 11/29/2018 Door was fixed on 12/05/2018 Metal plate was installed behind doorknob to cover holes in MHES door on 11/29/2018 Brush sweep was adjusted to remove 1/4 in. gap on 12/05/2018 Multi plug was removed from SCU office on 11/28/2018 and replaced with a surge protector power strip	11/28/2018 11/29/2018 12/05/2018 11/29/2018 12/05/2018 11/28/2018

First Fire Protection, Inc.
PO Box 10594
Raleigh, NC 27605

Fire Alarm Inspection Report Date: 01/10/2019

SERVICE ORGANIZATION

Date	01/24/2018
Time	10:55
Name	First fire protection
Address	Po box 10594
City	Raleigh
State	NC
Zip	27605
Representative	S Peterson
License No.	
Telephone	910-830-6546

PROPERTY NAME (USER)

Name	The hermitage
Address	185 brick farm rd
City	Sylva
State	NC
Zip	28779
Owner Contact	Shane brooks
Telephone	828-586-9070

MONITORING ENTITY

Contact	Nationwide digital
Contact	Nationwide digital
Telephone	800-221-0826
Monitoring Account Ref. No.	NGDL-4533

APPROVING AGENCY

Contact	Jackson county
Telephone	

TYPE TRANSMISSION

Type Transmission	Digital
Other (Specify)	
Control Unit Manufacturer	Firelite
Circuit Styles	Y/B
Number of Circuits	1
Software Rev.	
Last Date System Had Any Service Performed	01/24/2018
Last Date that Any Software or Configuration Was Revised	01/24/2018

Submitted by Christopher Register at 01/25/2018 13:48 UTC
Captured at 01/25/2018 13:48 UTC
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