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 _____	R 02/07/2019

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 a Biennial Follow Up Construction Survey by Ed Miller, conducted on February 7, 2019. Deficiencies were cited that will require a new Plan of Correction.	{C 000}	Responses to the cited deficiencies do not constitute an admission or sgreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiences or Corrective Action Report; the Plan of COrrection is perpared 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: 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 2/7/2019; a. Still 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. Still on the Women's Hall, the pull station is 20	{C 101}	C 101 "First Fire" facilities fire equipment provider will install pull stations within 20 feet from the exits on both the men and womens halls.	

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{C 101}	Continued From page 1 feet from the exit and there are 2 corridor doors between it and the exit. Per interview with administrator the contractor is overdue.	{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. Finding on 2-7-2019; Per interview with administrator the contractor is overdue.	{C 111}	C111 "Odyssey" who maintains facilities sprinkler system, Will provide follow up documentation to sprinkler system. Inspection report dated 6-14-2018 to include deficiencies listed had been corrected.	
{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; 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}	C133 Bathroom/tub hand-grip was installed	

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{C 133}	Continued From page 2 Finding on 2-7-2019; Per interview with administrator and observation a hand grip was installed on the wrong fixture.	{C 133}		
{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 obstructions. All deficiencies listed refer to the exit sidewalk from the 2nd floor that goes around the rear of the building. Findings on 2/7/2019; 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. 2. Based on observation, a drain cleanout still protruded 5/8 inches above the sidewalk on the left end of the facility. The protruding cleanout presented a trip and fall hazard.	{C 166}	C166 Gate, limbs and buckets have been removed. Regional Maintenance Director is to meet with Fire Marshall to approve a different cement blocks for dryer. Drain cleaned out, cut down to be even with the sidewalk.	
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

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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: 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 2/7/2019; c. The coordinator on the smoke barrier doors on the Women's Hall needs more adjustment. The door closes properly 2 out of 5 attempts. 4. . Based on observation, the required one-hour 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 2/7/2019: 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.	{C 189}	All corridor doors have been repaired/adjusted and parts installed and are closing properly. Missing tiles on 3rd floor replaced, damaged and stained ceiling tiles were replaced.	

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