Ashe Assisted Living
& Memory Care

www.asheaging.org

5/29/19

DHSR Construction Section
Attn: Ed Miller
2705 Mail Service Center
Raleigh, NC 27699-2705

Dear Mr. Miller,

Enclosed please find our Plan of Correction along with several attachments and pictures to verify compliance in response to the DHSR Construction Section Biennial survey that took place on May 1, 2019. If you have any questions or need any additional information please let myself or Brandon Miller know.

Sincerely,

Bevin B. South
Administrator

182 Chattyrob Lane • West Jefferson, North Carolina 28694
phone: 336-846-6200 • fax: 336-846-6202

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
	HAL005013	A. BUILDING: 01 B. WING _____	05/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE ASSISTED LIVING & MEMORY CARE	182 CHATTYROB LANE WEST JEFFERSON, NC 28694

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 1, 2019. Records indicate that this facility was first licensed on 3-25-2011, for 55 beds including 24 beds in a Special Care Unit. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Homes for Seven or More Beds and the 2009 NC State Building Code(s). 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 Executive Director and Maintenance Director, the	C 101	1a. Two signs were added to the exit door near the nurse's office. Please see attached pictures 1592 and 1593. 1b. An audible alarm was added to the door. Please attached picture 1699. - The Maintenance Director will add checking the delayed egress door to his monthly building inspection to ensure the signs continue to be in place and the audible alarm is working properly.	5/20/19 5/20/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Burn B. Smith	Administrator	5/29/19

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C 101	Continued From page 1 facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on May 1, 2019: a. Exit Door near Nurse Office - the delayed egress locked door, does not have the required sign mounted above and within 12 inches of the releasing device reading: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Sign should be of durable construction, with 1-inch high letters, and on a contrasting background. b. Exit Door near Nurse Office - the delayed egress locked door, does not activate the audible signal in the vicinity of the door once the irreversible process to release the door has started.	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 Maintenance Director 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 May 1, 2019:	C 111	1a. An annual Fire Sprinkler Inspection was completed on 5/6/19. A copy of the inspection report is attached. - The Maintenance Director will make sure the Fire Sprinkler Annual Inspection is added to the list of required inspection so that we can ensure they are completed within a timely manner and within regulations.	5/6/19

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C 111	Continued From page 2 a. Records indicate that the last Fire Sprinkler System Inspection and Testing report in accordance with NFPA 25 was performed in February 2018, exceeding the requirement to have the system inspected and tested at least annually to insure that the system works properly.	C 111		
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 May 1, 2019: a. AL Nursing Station - the HVAC return with its radiation damper has an excessive accumulation of dust/lint.	C 164	1a. The damper was properly cleaned on 5/9/19. Please see attached picture 1576. - The Maintenance Director will add HVAC return cleaning to the housekeeping staff monthly cleaning schedule. He will also double check each return during his monthly building inspection.	5/9/19
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;	C 166	1a. The plastic crate was removed and the cylinders were relocated to a secure, steel cart. Please see attached picture 1577. The Maintenance Director also communicated to the oxygen vendor that we must have proper storage equipment.	5/1/19

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C 166	Continued From page 3 (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 fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on May 1, 2019: a. Oxygen Room - four portable medical oxygen cylinders are standing up on the floor in an unapproved plastic crate not physically secured in racks, stands or chained to the structure.	C 166	- The Maintenance Director will check the oxygen room on a daily basis to ensure oxygen is stored properly.	
	2. 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 May 1, 2019: a. Bedrooms AL 4 & 6 Shared Bathroom- the mounting bracket for the broken towel bar remain attached to the wall. This bracket is rough and has sharp edges, which provides potential to cause injury. b. AL Hall Bathroom - the mounting brackets for the broken towel bars remain attached to the wall. These brackets are rough and have sharp edges, which provides potential to cause injury. c. Bedrooms AL 19 & 21 Shared Bathroom- the mounting brackets for the broken towel bar remain attached to the wall. These brackets are rough and have sharp edges, which provides potential to cause injury.		2a. The broken towel bar was replaced on 5/21/19. Please see attached picture 1658. 2b. Both broken towel bars were replaced on 5/10/19. Please see attached picture 1598. 2c. The broken towel bar and brackets were replaced with two towel hooks. Please see attached picture 1659. - Staff were retrained on 5/1/19 regarding completing workorders in a timely manner. The maintenance director will check all towel bars and hooks on a monthly basis during his monthly building inspection.	5/21/19 5/10/19 5/21/19
C 175	Bedroom Furnishings-Clean Towel, Towel Bar	C 175		

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C 175	Continued From page 4 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 towel bars for each resident. Findings on May 1, 2019: a. Bedrooms AL-4 & 6 and their Shared Bathroom - these single occupancy bedrooms have one of its two towel bars. The second trowel bar is broken. b. Bedrooms AL-4 & 6 and their Shared B AL Hall Bathroom - the two towel bars are broken. c. Bedrooms AL-19 & 21 and their Shared Bathroom - these single occupancy bedrooms have one of its two towel bars. The second trowel bar is broken.	C 175	1a. The broken towel bar was replaced on 5/21/19. Please see attached picture 1658. 1b. Both broken towel bars were replaced on 5/10/19. Please see attached picture 1598. 1c. The broken towel bar and brackets were replaced with two towel hooks. Please see attached picture 1659. - Staff were retrained on 5/1/19 regarding completing work orders in a timely manner. The Maintenance Director will check all towel bars and hooks on a monthly basis during his monthly building inspection.	5/21/19 5/10/19 5/21/19
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	C 185	A schedule was developed for the Maintenance Director to follow that includes one shift per month for each calendar year. Re-training with Maintenance Director on the rules and regulations concerning fire drills. The Administrator will monitor each month to ensure that monthly drills are being completed per schedule.	5/1/19

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C 185	Continued From page 5 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: 1. Based on Record review and interview with Executive Director and Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 1, 2019: a. In the 1st quarter for the last 12 months, no rehearsals were was performed during 1st and 3rd shifts. b. In the 2nd quarter for the last 12 months, no rehearsals were was performed during 1st and 3rd shifts. c. In the 3rd quarter for the last 12 months, no rehearsals were was performed during 1st and 2nd and 3rd shifts. d. In the 4th quarter for the last 12 months, no rehearsals were was performed during 2nd and 3rd shifts.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations outside of building with ground fault interrupters. This	C 188	1a. The GFCI Electrical outlet was replaced on 5/7/19. It is in good, working order. Please see attached picture 1588.	5/7/19

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C 188	Continued From page 6 would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on May 1, 2019: a. AL Courtyard Activity Room Side - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188		
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 was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 1, 2019: a. Kitchen -since the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections.	C 189	1a. No Action Needed at time of inspection. It was not yet time for a monthly inspection as Wilkes Fire last inspected the kitchen hood on 4/18/19.	N/A

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C 189	Continued From page 7 2. 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 of origin. Findings on May 1, 2019: a. Primary Electrical Room - there are two areas with cable bundles not fully firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Primary Electrical Room - a cable with its firestopped sealant is pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening.	C 189	2a. Firestop sealant was added to fill holes. See attached picture 1652. 2b. The opening was filled with firestop sealant. Please see attached picture 1653.	5/20/19 5/20/19
	3. 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 May 1, 2019: a. Emergency Electrical Equipment Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.		3a. On 5/7/19, the emergency light was repaired by replacing the battery. Please see attached pictures 1590 and 1591. -The Maintenance Director will check all emergency lights during his monthly building inspection.	5/7/19
	4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 1, 2019: a. Oxygen Room - the corridor door's strike plate is taped over, preventing the door from latching into its frame. Deficiency corrected before Construction Surveyors departed site.		4a. Removed tape at time of Inspection. Deficiency Corrected during visit.	5/1/19
	5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in the room of origin. Findings on May 1, 2019: a. AL Mech Room near Soiled Utility - the		5a. The escutcheon plate was replaced to stop the spread of smoke and heat. Please see attached picture 1650.	5/20/19

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C 189	Continued From page 8 escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 1, 2019: a. Business Office - an extension cord ran from the Business Office into the corridor under the door to a wax warmer. Extension cords cannot substitute for permanent.	C 189	6a. On 5/1/19, the extension cord was removed from the business office. - Staff were retrained on 5/1/19 on this rule. The maintenance director will check on a monthly basis that no extension cords are being used during his monthly building inspections.	5/1/19
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	C 199 C 199	1a. A new rooftop exhaust fan motor will be ordered. It will be replaced by a licensed electrician upon it's arrival and no later than 6/15/19. - The maintenance director will check to make sure all exhaust fans are working on a monthly basis through his monthly building inspections.	6/15/19

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C 199	Continued From page 9 preventing the exhausting of odors. Findings on May 1, 2019: a. SCU Soiled utility - the required exhaust ventilation system did not work.	C 199		