



CAROLINA RESERVE OF HENDERSONVILLE

July 10, 2019

DHSR Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705

RE: Carolina Reserve of Hendersonville- HA Biennial Survey- Plan of Correction
1820 Pisgah Drive
Hendersonville, NC 28791
Henderson County
FID #960697 HAL- 045125

Greetings!

Please see attached Plan of Correction. Please feel free to call me should there be any questions.

Thank you so much and have a wonderful day!

Respectfully,

Tiffni Baxley, Executive Director
828-692-6440
Tiffni.baxley@navionsl.com

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/25/2019
NAME OF PROVIDER OR SUPPLIER CAROLINA RESERVE OF HENDERSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 PISGAH DRIVE HENDERSONVILLE, NC 28739		
(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 Construcion Section Biennial Survey by Dennis Harrell on 6-25-2019. Records indicate this facility was first licensed on 9-17-1996, for 61 beds with 24 of those in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	C 000	The following is a summary of the Plan of Correction for Carolina Reserve of Hendersonville. This Plan of Correction is in regards to the Corrective Action Report dated June 27, 2019. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
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 and interview with Staff,	C 101	10A NCAC 13F .0301 Application of Physical Plant Requirements The physical plant requirements for each adult care home shall be applied as follows:	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OIT121

If continuation sheet 1 of 6

Division of Health Service Regulation

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C 101	Continued From page 1 the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components and procedures to properly operate doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on 6-25-2019: a. All staff interviewed, including the Administrator and the Maintenance Director did not know about the existence, use or location of the central on/off emergency override switch. b. The central on/off emergency override switch for the special locking system is located in the Med Room. Only the Med Tech has the key to this room. The NC State Building Code requires all staff responsible for evacuation to have access to emergency release switches. c. The emergency release switch for the required exit gate in the courtyard, was located so that special knowledge was required to operate it. The first staff interviewed was unaware and unable to open the gate.	C 101	(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; Access to the central on/off emergency override switch will be made available to associates working in the MC unit.	
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	C 166		

Division of Health Service Regulation

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C 166	Continued From page 2 maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 6-25-2019: a. Several (3) portable medical oxygen cylinders were stored in no container or rack in room 128. b. Several (4) portable medical oxygen cylinders were stored in an unapproved beverage crate in room 128. c. A portable medical oxygen cylinder was stored in no container or rack in room 108. Note; This deficiency was corrected during the survey. d. A portable medical oxygen cylinder was stored in no container or rack in the medroom. Note; This deficiency was corrected during the survey. 2. Based on observation, both of the exterior exits from the dining room were obstructed with chairs. Note; These deficiencies were corrected during the survey. 3. Based on observation, a plastic bucket had been placed too close to the exhaust plenum from a gas water heater in the electrical room. The bucket had melted to and was stuck to the plenum. Keeping combustibles too close to gas fired devices could cause a fire.	C 166	- Associates will be educated on the emergency exit switch on the courtyard exit gate by 7/19/19. 10A NCAC 13F.0306 Housekeeping & 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. - Oxygen tanks were placed in a secured stand on 6/25/19. - Oxygen company was contacted to secure proper storage units for oxygen on 6/27/19. - Designated exits were cleared of obstructions on day of inspection. - Indicated combustible item in storage room was removed on day of inspection.	7/19/19
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 185		6/25/19 6/27/19

Division of Health Service Regulation

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C 185	Continued From page 3 (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 facilities. This Rule is not met as evidenced by: 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 on 6-25-2019: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of last year, there were no rehearsals done during the 2nd or 3rd shifts. d.. In the 4th quarter of last year, there were no rehearsals done during the 2nd or 3rd shifts	C 185	- Indicated emergency release alarm on exit door was repaired on 6/25/19. - Designated room that was not designed for combustible storage will have items removed by 7/12/19. - Designated areas had items removed allowing for 18 inches of clearance on 6/25/19. - Kitchen staff will be educated on the location and use of the fire suppression system for the range hood by 7/19/19.	6/25/19 7/12/19 6/25/19 7/19/19	
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.	C 189	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		

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, 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 6-25-2019; a. The closer had been removed from the 1.5 hour fire rated door to the pantry which is about 148 sq. feet. This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. b. The 1.5 hour fire rated door to the pantry was blocked from closing with boxes. c. Both of the 20 minute doors from the kitchen to the dining room were wedged open. 2. 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 6-25-2019: a. Unsealed conduit sleeves (2) through ceiling of the electrical room foyer, b. Unrated orange foam used to seal a penetration in the ceiling of the mechanical room in Special Care. 3. Based on observation, the alarm sounding device covering the emergency release switch near room 205 failed to sound when opened. Alarm devices that do not work could allow resident elopement.	C 189	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 facilities. • Fire Drills have been completed for the second quarter assuring a drill was performed for each shift. • Going forward, a set rotation will be followed assuring drills are completed on every shift for every quarter. 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.	

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C 189	Continued From page 5 4. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 6-25-2019; Bedroom 117 was being used to store 14 mattresses, 2 upholstered chairs, 2 wood chairs, a wood table, 2 wood chests of drawers and 8 cardboard boxes. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 6-25-2019; a. Boxes had been stacked to less than 2 inches of the ceiling in the medical storage room. b. Pillows had been stacked to less than 2 inches of the ceiling in the Special Care laundry. Note; This deficiency was corrected during the survey. 6. Based on interview, kitchen staff were not aware of the location or use of the system pull provided for the range hood fire suppression system. Staff must be trained about how and when to use the system pull.	C 189	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. • Designated door closure/latches were repaired assuring proper working condition on 6/25/19. • Designated self-closure device will be replaced in the pantry by 7/31/19. • Designated boxes blocking door closure were removed on day of survey. • Designated wedge was removed on day of survey. • Designated holes/penetrations were repaired/replaced using appropriate fire rated material on 6/25/19. Going forward, community observations will be conducted on a routine basis by the Executive Director/Maintenance Director/Designee, for any needed maintenance.	6/25/19 7/31/19 6/25/19