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
	HAL011369	A. BUILDING: **01** B. WING ______	**06/26/2019**

NAME OF PROVIDER OR SUPPLIER: **CANDLER LIVING CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE: **136 ROBINSON COVE ROAD, CANDLER, NC 28715**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 6-26-2019. Records indicate this facility was first licensed on 1-1-1977, for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.	C 000		
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 a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111 1.	facility will Ensure that all Fire inspections are Organized and available up on Request also all inspections will Be up to date. Maintenance Supervisor will monitor this.	7/30/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]

TITLE: Manager

(X6) DATE: 7-23-19

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C 133	Continued From page 1	C 133		
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 toilet in shower room 1.	C 133 3	Facilety will Ensure that all Shower Rooms and BathRooms have assable Handrails and Grip Bars to Provide Resident Safety. Mentence Supervser will Monitor this	7/31/19
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, there was black mold on a wall area in the basement. 2. Based on observation, there was an unfinished floor patch, about 3 feet by 6 feet, in the corridor near shower room.	C 164 4 4a 4a.	Facilety will Ensure that all walls are Cleaned and Free From Black Mold. Facilety mantence Supervser will Ensure this is Monitored, Facilety has new drywall Being Replaced in Basmet. Facelety will Ensure that all floors are Patched Properly and are Completed Mantence Supervser will Monitor this.	7/12/19 4/30/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166 4A	Patche in floor was Painted and Fire Caulked -	7/11/19

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C 166	Continued From page 2 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 there was a hasp and padlock on the outside of the door to bathroom on the split hall. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 2. Based on observation, a waste trap had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Finding on 6-26-2019: The toilet trap was dry in the bathroom on the split hall.	C 166	5. Safety Removed Padlock from Bathroom. Safety will ensure that there are NO Padlocks are Present on any door. where a Resident could Become trapped	7/15/19
			5A. Toilet will Be Removed from Bathroom and a PVC flange will Be Placed over. where toilet was. Maintance Supervisor will monitor this.	7/31/19
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 include the date and time of the rehearsals, the	C 185	6. Facility will ensure that all Safety Fire Rehearsals are Recorded and available for Review. Maintenance Supervisor will monitor this	6/30/19

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C 185	Continued From page 3 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 a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	Revere to #1.	
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 not maintained in a safe and operating condition. Fire alarm system that are not maintained properly, endanger all residents and staff. Findings on 6-26-2019; a. The fire alarm system was showing a "Trouble Comm Fault 2" condition. b. The smoke detector in the hall near room 6 was tested with smoke and did not activate. c. Several new smoke detectors had been installed in the basement and the construction covers had not been removed.	C 189	7. Fire Alarm System was Repaired and tested and detector # 6 was Replaced and System Retested without Issues. Maintence Supervisor will monitor System for Accuracy. *Repairs were Completed * By Hoff group. 4A- All Construction covers have been Removed.	6/29/19 6/29/19

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C 189	Continued From page 4 d. The smoke barrier door did not release and close when the fire alarm system was activated. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several 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 6-26-2019: a. There was a pattern of many places in the basement where the ceiling had fallen out from water damage, b. There were also places in the basement where the gypsum board and/or plaster had fallen off the walls from water damage, c. Unsealed penetrations above the fire alarm panel and the adjacent horn/strobe, d. 6 inch plastic flex duct penetrating the ceiling in the med room/office, e. Unsealed penetrations in the walls of the med room/office, f. Unsealed penetrations through the corridor wall to room 14. 3. 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 include; a. The strike was missing on the door to bedroom 3 so the door could not latch when closed. b. The strike was missing on the door to the med room/office so the door could not latch when	C 189	7B Smoke Barrier door was Repaired By The Hoff Group. a 24 Volt transformer was installed - System was tested without issues. Maintence Supervisor will monitor this in the future - 7/29/19. 8. Safety is having new Drywall Replaced in the Basement and all Penetrations will Be Fire caulked maintence Supervisor will monitor. 7/31/19 8A Plastic Duct was fixed w/ 5/8 Drywall over the hole And Fire Caulked 7/15/19 8B All Penitrations were fire caulked in Fire Panel, med Room and Corridore were to Room #4. 7/15/19 9. Door Striker was Replaced on DOOR to Bed Room #3 and Med Room 7/15/19.

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C 189	Continued From page 5 closed. c. The strike was missing on the door to the laundry so the door could not latch when closed. d. The door to bedroom 5 was damaged and would not close and latch. e. The door to bedroom 4 does not fit the opening properly to be resistant to the passage of smoke. f. The door to bedroom 8 does not fit the opening properly to be resistant to the passage of smoke. g. The door to bedroom 10 does not fit the opening properly to be resistant to the passage of smoke. h. The door to the storage room on the split hall does not fit the opening properly to be resistant to the passage of smoke. 4. Based on observation, the battery powered emergency light in the stairway to the basement would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 5. Based on observation, there was no documentation of the required in house/owner's monthly inspection for May provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 6. Based on observation, there was no documentation of the required in house/owner's monthly inspection for May provided on the inspection tags for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.	C 189 cont	door strike was installed on laundry Room maintenance Supervisor will monitor doors for proper closing	7/15/19
		(d)	Replaced 1X8 door frame to BedRoom #4.	
		(F)	maintenance supervisor is building door frames cut and remove door stops for Room 8 & 10 in order for door to close and latch properly.	7/31/19
		(h)	added door Step to ensure the door fit and closed properly	7/1/19
		(10):	facility will ensure all Emergency light are Fixed and working - facility maintenance Supervisor will ~~Ensure~~ monitor this.	7/31/19
		(11).	facility will do monthly inspections to hood and document as done. maintenance Supervisor will monitor this	7/15/19

(12). facility will ensure that all fire extinguishers are Checked and documented as done. maintenance Supervisor will monitor this 7/15/1[illegible]

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C 189	Continued From page 6 7. Based on observation, several electrical junction boxes in the basement were not provided with covers. Exposed wires are a hazard to anyone in the area. 8. Based on observation, there was exposed electrical wiring at a thermostatic junction box in the basement. Exposed wires are a hazard to anyone in the area.	C 189 (13)	All wiring will Be covered and unexposed so as not to cause a hazardous Situation. Maintenance Supervisor will Conduct and monitor.	7/31/19