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
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

Due 7/2/19

(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 June 20, 2019. Records indicate that this facility was licensed 09/04/1996 as a Home for the Aged. This facility is currently licensed with a capacity of 66 residents (40 BED Special Care Unit). Based on this information, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1996 NC State Building Code(s) for a Group I-Institutional Unrestrained Occupancy. 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;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all 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 June 20, 2019: a. Both SCU Med Rooms - the central on/off emergency release switch for the special locking system are in the Med Rooms. Only the Med Tech has the key to this room. The NC State Building Code requires the central on/off emergency release switch to be accessible to all staff responsible for evacuation. b. Both SCU Med Rooms - an interviewe with the staff revealed that staff was not aware of the location or the use of the required central emergency release switch for the Special Locking System on the exit doors.	C 101	On 6/15/19 Both SCU Med Rooms were relocated, and locks were changed allowing staff access to the Special Locking System. On 6/8/19 at the staff meeting Executive Director, provide staff education on how to properly use, and the location of the Emergency release buttons.	

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 the facility failed to maintain in the facility, current (completed within the last	C 111	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 111	Continued From page 2 twelve months) annual inspection report(s) required by this Rule. Findings on June 20, 2019: a. The current Fire and building safety Inspection Report is not available for review by the Surveyor.	C 111	On 6/15/19 The Executive Director contacted the local Fire Marshal to schedule a fire and building inspection. On 7/11/19, the fire Marshal did his annual inspection and found no deficiencies.	

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 June 20, 2019: a. Soiled Linen - the HVAC return with its radiation damper have an excessive accumulation of dust/lint. b. Soiled Linen Mop Room - the ventilation system with its radiation damper have an excessive accumulation of dust/lint. c. Dogwood Med Room Mop Room - the ventilation system with its radiation damper have an excessive accumulation of dust/lint.	C 164	On 6/15/19 A deep clean was conducted on the areas stated (dusting, mopping, and decluttering of the area). Here after a deep clean will be provide on a monthly base.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 166	Continued From page 3 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, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 20, 2019: a. Bedroom 201A - five 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	On 7/15/19, The Executive Director obtained steel crates for safely stow Oxygen tanks. Will continue to monitor to ensure compliance.	
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 staff's ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 183	Continued From page 4 equipment not in proper working order. Findings on June 20, 2019: a. 300 Hall and Breezeway - there is one fire extinguisher in this area and its locked in the inaccessible Med Room.	C 183	On 7/15/19 the Med Room located on Magnolia was relocated to allow staff accessibility to fire extinguisher. On 7/15/19 the evacuation diagram with the routes was updated with the proper information (routes clearly stated, and local official information). On 7/8/19, The Executive Director informed staff the location of the routes, and how to safely evacuate the building.	
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) 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 properly post and maintain the evacuation maps. This would affect all by not providing proper guidance during an emergency. Findings on June 20, 2019: a. Dogwood Hall - the mounted evacuation diagram is not oriented properly. The diagrams must be properly oriented on the wall, with the routes shown on the right of the diagram to your right as you read.	C 184		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 185	Continued From page 5 (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 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, and interview with Executive Director the Facility failed to fully document the last 12 months of fire plan rehearsals. Findings on June 20, 2019: a. Some quarters had no list of staff members present. b. Most quarters had no short description of what the rehearsal involved.	C 185	On 7/15/19, The Executive Director held fire drills for both shifts to bring the facility back into compliance. When completing the form the Executive Director was more descriptive with the actions that took place, and the staff response to the drill. The Executive Director instructed staff present to sign their names for participation. Will continue to hold fire drills monthly to ensure compliance	
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:	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 189	Continued From page 6 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on June 20, 2019: a. Many HVAC Units - the sampling tubes for the HVAC duct detectors are dirty. 3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors smoke/fire is not contained in Room or Compartment of origin. Findings on June 20, 2019: a. 200 Hall Attic Smoke Barrier - there is a 20 x30 inches hole through this smoke barrier. b. Dogwood Hall Attic Smoke Barrier - there are multiple hole around penetration through this smoke barrier. In addition, please verify that the left side of this wall is constructed to a 1-hour fire-resistance-rated construction standard and not wood. c. 300 Hall Attic - assure that the attic is 9000 square feet of less. If not add a draftstop. 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 of origin. Findings on June 20, 2019: a. Bedroom 208 Bathroom - there is a gap around the exhaust fan that has fallen not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Breezeway Mechanical Room - a cable with its firestopped sealant is pulled out of the	C 189	On 7/8/19 Executive Director entered in work order for HVAC duct detectors to be cleaned. Will continue to monitor to ensure compliance. Approved fire vendor serviced areas of non compliance. Will continue to monitor to monitor to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 189	Continued From page 7 fire-resistance-rated ceiling, leaving an unprotected opening. c. 300 Hall Entrance - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. 300 Hall Mechanical Room - the refrigeration lines with its firestopped sealant is pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. e. Dogwood Wing Vending Area - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Dogwood Wing Storage - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Dogwood Wing Mech room - there is a hole not sealed as it penetrates the smoke-resistance-rated wall. 5. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 20, 2019: a. Clean Linen - there is a gap around the door handle 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 20, 2019: a. Bedroom 203A - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. Deficiency corrected before Construction Surveyors departed site.	C 189	On 7/15/19, The Maintenance Manager place fire caulking around the stated area. Will continue to monitor to ensure compliance. On 6/20/19 The Maintenance manager corrected it on site. Will continue to monitor to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 189	Continued From page 8 b. Kitchen Pantry - boxes are stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space. 7. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on June 20, 2019: a. AL Dining - a corridor door has a table and chairs blocking the door from closing. b. Bedroom 302 - the corridor door has a heavy object holding the door open. c. Bedroom 304 - the corridor door has a heavy object holding the door open. Deficiency corrected before Construction Surveyors departed site. d. Bedroom 310 - the corridor door has a heavy object holding the door open. e. Bedroom 312 - the corridor door has a heavy object holding the door open. 8. Based on Observation, the Building was not kept in good repair, because some building components are broken or felled to function as original intended or are missing. Findings on June 20, 2019: a. 300 Hall Entrance Door - a panic hardware is missing its end covers exposing sharp edges which provides potential to cause injury.	C 189	On 7/8/19, The Maintenance manager tapped off the required clear working space in front of the electrical panel. Will continue to monitor to ensure compliance. On 7/8/19, The Executive Director rearranged the AL dining hall to allow the doors to properly open and close. Will continue to monitor to ensure compliance. On 7/8/19 Executive Director provide education during the staff meeting to not place heavy items or objects in front of doors. Executive Director and Maintenance manager submitted work order on 6/8/19 for the stated doors. Will continue to monitor to ensure compliance On 7/15/19 The, missing hardware was obtained and placed on the stated door. Will continue to monitor to ensure compliance.	

C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 195	Continued From page 9 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on June 20, 2019: a. Bedroom 217 Bathroom - the sink's hot water temperature reached 96 degrees Fahrenheit, after running for more than 10 minutes.	C 195	On 7/8/19, The Maintenance Manager will increase the hot water heater temperature to ensure corridors are reaching the state minimum hot water temperature. Here after Maintenance manager will monitor hot water temperature to ensure compliance.	

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;	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018032	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

(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 199	Continued From page 10 (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 preventing the exhausting of odors. Findings on June 20, 2019: a. Bedroom 203 Shared Bedroom - the required exhaust ventilation system did not work.	C 199	On 7/15/19, The Mechanical system in bedroom 203 was repaired. Mechanical exhaust systems were checked throughout the facility to ensure compliance. Mechanical exhaust systems will continue to be monitored to ensure compliance.	

HICKORY FIRE DEPARTMENT

Division of Fire & Life Safety
76 N Center Street, Hickory, NC 28601
Phone:(828) 323-7522 Fax: (828) 323-7476

HICKORY
North Carolina
Life. Well Crafted.

FIRE INSPECTION REPORT

Thursday July 11, 2019

Springs of Catawba
2010 29TH AVE DR NE
Hickory, NC 28601

Contact Person:
Littman, Imari
704-349-3486

A(n) **Use Permit** inspection of your facility on **Thursday July 11, 2019**

revealed no violations of the North Carolina Fire Prevention Code.

Thank you for your cooperation.

ST Craig
Fire Inspector