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
	HAL040009	A. BUILDING: 01 B. WING _____	08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNOW HILL ASSISTED LIVING	1328 S. E. SECOND STREET SNOW HILL, NC 28580

(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 Construction Section Biennial Survey by Dennis Harrell on 8-7-2019. Records indicate this facility was first licensed on 11-6-1996. The facility is currently licensed for 40 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 Rules for Licensing of Adult Care Homes in effect at the time of initial licensure and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement deficiencies: The Plan of Correction is prepared solely as a matter of compliance with State law. It is the policy of Snow Hill Assisted Living to meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration as required in SECTION .0300 PHYSICAL PLANT 10AC 13F .301.	
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, the facility failed to meet the NC State Building Code in effect at the time of alteration.	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Brandon Lanier TITLE Executive Director (X6) DATE 8/29/19

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C 101	Continued From page 1 Finding on 8-7-2019: The door was removed from the Activity room, which is approximately 267 sq. feet, opening it to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors. 2. Based on observation and interview, most staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	C 101	1. First Fire was contacted on 8/7/19 to install smoke detectors. On 8/7/19 First Fire completed a survey and contacted Greene County Fire Marshal for permitting. Smoke detectors left on site. Smoke detectors mounted. 2. Conducted a staff in-service training class and staff were educated on emergency reponses and evacuation. All staff educated on location and use of emergency release switch for the magnetic locking doors.	8/29/19 8/7/19
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; (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 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 8-7-2019: a. Several (5) portable medical oxygen cylinders were stored in no container in the med room.	C 166	It is the policy of Snow Hill Assisted Living to maintain the building in uncluttered, clean and orderly manner, free of all obstructions and hazards. The building shall be maintained in a safe and operating condition as required in SECTION .0300 PHYSICAL PLANT 10AC 13F .0306 HOUSEKEEPING AND FURNISHING 1a. Oxygen supplier delivered standard oxygen racks for all oxygen cylinders.	8/7/19

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C 166	Continued From page 2 b. Several (3) portable medical oxygen cylinders were stored in an unapproved beverage crate in the med room. c. One large medical oxygen cylinder was stored in no container or rack in the med room. 2. Based on observation, the door knob was missing on the door to the janitor's closet. The missing knob presented a significant laceration risk. Note; This deficiency was corrected during the survey.	C 166	1b. Unapproved beverage crate removed from med room. 1c. Safety chain placed around large oxygen cylinder. 2. Corrected on site 8/7/19.	8/7/19 8/7/19 8/7/19
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 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 a review of documents, records available onsite indicated rehearsals of the fire plan happened only in June and July of this year. Fire drils must be conducted on each shift in every quarter and at least 12 months of records must be maintained and available for review. 2. Based on a review of documents, the records	C 185	It is the policy of Snow Hill Assisted Living to conduct fire rehearsals of the fire plan quarterly on each shift, record the rehearsals and maintain records on site for review as required in SECTION .0300 PHYSICAL PLANT 10AC 13F .0309 PLAN FOR EVACUATION. 1.Previous management records are on site. 12 months of records are on site. Description of rehearsals on site.	8/7/19

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C 185	Continued From page 3 available onsite included little to no description of what the rehearsal involved.	C 185	2. Fire drill record and fire drill report are in binder and on site. Staff debriefing and review after every rehearsal.	8/7/19
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. This Rule is not met as evidenced by: 1. 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 8-7-2019; a. One of the smoke barrier doors near room 102 does not latch when activated by the fire alarm system. Note; This deficiency was corrected during the survey. b. One of the smoke barrier doors near room 202 does not latch when activated by the fire alarm system. Note; This deficiency was corrected during the survey. c. There was a hole at the latchset through the door to the med room. d. The door to the med room was damaged at the latchset. e. The window was not properly mounted in the	C 189	It is the policy of Snow Hill Assisted Living to maintain the building and all fire safety, electrical, mechanical, and plumbing equipment in a safe and operating condition. SECTION .0300 PYSICAL PLANT 10AC 13F .0311 OTHER REQUIREMENTS Weekly maintence checks will be conducted at building. 1a. Adjusted and corrected 8/7/19 1b. Adjusted and corrected 8/7/19 1c. New latchset installed. 1d. Door patched when new latchset installed. 1e. Molding placed around window of Med room door.	8/7/19 8/7/19 8/14/19 8/14/19 8/23/19

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C 189	Continued From page 4 door to the medroom. f. The doors to rooms 102, 111, 203, 204 and 210 will not latch when closed. g. The door to room 208 does not fit the opening properly to be resistant to the passage of smoke. h. The door to rooms 201 and 202 were propped open. i. The door to the Care Co-ordinator's office was wedged open. j. The door to the Living room was blocked open with a chair. Note; This deficiency was corrected during the survey. 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 8-7-2019: a. Hole at a sprinkler pipe in the attic smoke barrier wall near the dining room, b. Sprinkler escutcheon missing in the janitor's closet, c. Hole in the ceiling of the medroom near the front door, d. Hole at a sprinkler head in the pantry, e. Hole in the ceiling of the riser room at the main sprinkler pipe. f. Unsealed penetration in the ceiling of the laundry, g. Penetration in the ceiling of the laundry sealed with unrated foam, h. Several holes in the ceiling of the water heater room off the laundry, i. Unsealed penetration in the wall of the Administrator's office.	C 189	1f. 102, 101, 203 and 204 adjusted. 1g. Door adjusted and fits properly. 1h. Hinges adjusted. 1i. Wedge removed. 1j. Furniture rearranged. 2a. Hole patched with approved silicone. 2b. Added escutcheon 2c. Hole patched with approved silicone 8/7/19. 2d. Hole patched with approved silicone. 2e. Patched around pipe with approved silicone. 2f. Patched with approved silicone. 2g. Foam removed and pathched with approved silicon. 2h. Sleeves attached and patched . 2i. Patched with approve silicone.	8/27/19 8/23/19 8/23/19 8/7/19 8/7/19 8/14/19 8/28/18 8/7/19 8/7/19 8/14/19 8/7/19 8/7/19 8/14/19 8/7/19