STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018024	A. BUILDING: **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATAWBA VALLEY LIVING AT ROCK BARN	**4174 SHOOK ROAD CONOVER, NC 28613**

(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 and Ed Miller on 11-12-2019. Records indicate this facility was first licensed as a Home for the Aged serving 80 residents on 10-2-2004. Therefore the facility must meet the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2).	C 000		
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 cooking equipment associated with the range hood fire suppression system was not properly positioned and maintained free of hazards. With cooking equipment miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Finding on 12-12-2019; The deep fryer had been moved forward and was not properly situated under the system nozzle. 2. Based on observation the toilet was loosely mounted to the floor in the Spa near room 221.	C 166		

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C 166	Continued From page 1 Loose toilets can cause leaking and/or fall hazards. 3. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Note; This deficiency was corrected duirng the survey. 4. Based on observation, an electrical outlet expander was in use in the nurse's area near room 215. Electrical outlet expanders are not approved for use in Institutional Occupancies.	C 166		
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, there was a pattern of battery powered emergency lights not working when tested throughout most of the facility. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 2. Based on observation, corridor doors are prevented from closing quickly and latching to	C 189		

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C 189	Continued From page 2 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 12-12-2019; a. One of the smoke barrier doors near room 112 did not close completely and latch when activated by the fire alarm system because of a decoration hanging on the door. Note, This deficiency was corrected during the survey b. The door to the Spa on 100 Hall near room 120 did not latch when closed. 3. Based on observation, the required one-hour fire rated 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 12-12-2019: a. The ceiling of the 100 Hall porch was damaged by the tape and gypsum compound falling off, b. The ceiling of the drivethru portico was damaged by the tape and gypsum compound falling off. 4. 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 12-12-2019; a. Items had been stacked all the way to the ceiling on the wardrobe in room 223. c. Items had been stacked all the way to the ceiling on the wardrobe in room 227.	C 189		

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C 189	Continued From page 3 5. Based on observation, there was no documentation since June of the required in house/owner's monthly inspections 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.	C 189		