STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045112	A. BUILDING: **01** B. WING _____	**12/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW ASSISTED LIVING	**260 CENTERWAY DRIVE HENDERSONVILLE, NC 28792**

(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 Biennial Construction Survey by Dennis Harrell on 12-27-2019. Records indicate this facility was first licensed on 10-1-1980, for 30 residents. The facility subsequently became licensed as a Special Care Facility for 27 residents on 4-16-2009. Therefore the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and, the 1978 NC State Building Code, Section 409.1, Institutional Occupancy.	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; This Rule is not met as evidenced by: 1. Based on observation, the required central emergency release switch for the Special (magnetic) Locking had fallen inside its electrical	C 101		

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C 101	Continued From page 1 outlet box and was inaccessible. Special Locking that does not work as required by Code could endanger the residents and staff. 2. Based on observation and interview, all staff were not aware of the location or the use of the required central emergency release switch or the emergency release switches 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		
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: 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 12-27-2019: a. In the 3rd quarter of this year, there was no	C 185		

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C 185	Continued From page 2 rehearsal done during the 3rd shift. b. In the 4th quarter of last year, there were no records of any rehearsals.	C 185		
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 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 12-27-2019: a. The ceiling is damaged at conduits in the utility room with the main electrical panels, b. The ceiling is damaged in the SCI office, c. Unsealed ceiling penetrations in the Director's office, d. The ceiling is damaged and an HVAC register is hanging down in the beauty salon. e. An area of ceiling, about 6 feet by 10 feet, had been replaced, but not finished and sealed in the laundry. 2. Based on observation, the cross-corridor	C 189		

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C 189	Continued From page 3 smoke barrier doors are very hard to open when closed in the direction toward the living room. Such an obstruction, could seriously delay an evacuation in an emergency. 3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 12-27-2019: a. The exit sign in the employee bathroom area did not work on battery when tested. b. The combination exit sign/emergency light near room 15 did not work on battery when tested. 4. Based on observation, the battery powered emergency light in the living room near the TV 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, 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 12-27-2019; a. The door to room 10 will not latch when closed. b. The door to room 12 does not fit the opening properly to be resistant to the passage of smoke. c. The door to room 13 does not fit the opening properly to be resistant to the passage of smoke. d. The door to room 14 does not fit the opening properly to be resistant to the passage of smoke.	C 189		

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C 189	Continued From page 4 e. The latchset strike was missing on the door to shower room 18.	C 189		