

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD WESTFIELD, NC 27053		
(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 conducted by Ed Miller on February 12, 2025. This facility was licensed on 01/01/2007 as a Home for the Aged serving 26 residents. Therefore, this facility must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2006 North Carolina State Building Code-Section 407 Institutional Occupancy - Group I-2. Deficiencies were cited requiring a Plan of Correction.	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 record review, and an interview with the Manager, the facility failed to maintain current (completed within the last twelve months) fire and building safety inspection reports in the home and available for review. Findings on February 12, 2025: a. There was no record of a Fire Official (Fire Marshal) inspection report available for review.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 150		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 150	Continued From page 1 (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the exit pathway was not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 12, 2025: a. 100 Hall Right, Sitting Room - there was a vending machine, piano, and two chairs, obstructing the required six-foot wide access to three feet.	C 150		
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 free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on February 12, 2025: a. 100 Hall Left, Oxygen Room - two portable medical oxygen cylinders were standing up on the floor not properly chained or supported by the	C 166		

Division of Health Service Regulation

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C 166	Continued From page 2 wall or in a stand or cart. b. 100, Hall Left, Oxygen Room - two portable medical oxygen cylinders with regulators extending beyond their collar guards were standing up on the floor not properly chained or supported by the wall or in a stand or cart. c. 100 Hall Left, Oxygen Room - seven portable medical oxygen cylinders were standing up on the floor in a plastic beverage crate not properly chained or supported by the wall or in a stand or cart d. 100 Hall Right, Bedroom 106 - behind the corridor door a portable medical oxygen cylinder with a regulator extending beyond its collar guard was standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166		
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 an interview with the Manager, the facility did not meet the requirements for fire rehearsals.	C 185		

Division of Health Service Regulation

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C 185	Continued From page 3 Findings on February 12, 2025: a. Records of rehearsals for the last twelve months were not available for review.	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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on February 12, 2025: a. 100 Hall Left, Supervisor Office - the self-contained emergency light did not illuminate when tested in backup power mode. b. 100 Hall Left, Corridor near Linen - the self-contained emergency light did not illuminate when tested in backup power mode. c. 100 Hall Left, Porch - the emergency light could not be tested as the location of the power supply was unknown. d. 100 Hall Right, Sitting Room - the self-contained emergency light made a buzzing sound and had low light output when the test button was pushed.	C 189		

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C 189	Continued From page 4 2. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 12, 2025: a. Corridor 100 Left, Tub room - when the corridor door was closed, there was a 5/8-inch gap between the face of the door leaf and the doorframe stop. This exceeds the allowable gap of 1/2 inch for a sprinklered building. b. 200 Hall, Housekeeping - the corridor door was missing its door handle thus no latch bolt. This circumvents the requirement for the door to latch into its frame. 3. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper the staff's ability to extinguish a small fire and permit it to grow larger. Findings on February 12, 2025: a. 100 Hall Right, Corridor near Sitting Room - the gauge on the portable fire extinguisher indicated that recharging was required. 4. Based on Observation, the Building was not kept in good repair, because some building components were missing. Findings on February 12, 2025: a. 100 Hall Left, Smoke Barrier Wall - the back leaf's fire exit hardware device was missing its end cap exposing sharp edges which could potentially cause harm. 5. 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 the room of origin. Findings on February 12, 2025: a. Front Porch - a section of joint tape and joint compound on the one-hour fire-resistance-rated	C 189		

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C 189	Continued From page 5 gypsum ceiling assembly was missing and the paint is flaking off. 6. Based on Observation, the corridor doors were not maintained in a safe and operating condition. Doors were 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 February 12, 2025: a. 100 Hall Right, Sitting Room - a magazine rack, an unapproved device, was holding the corridor door open.	C 189		
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; (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 did not provide working	C 199		

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C 199	Continued From page 6 exhaust ventilation in spaces needed to have exhaust ventilation. Findings on February 12, 2025: a. 200 Hall, Bedroom 203 Bath - the exhaust ventilation system was not functioning.	C 199		