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
	HAL045067	A. BUILDING: 01 B. WING ______	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE	600 CAROLINA VILLAGE HENDERSONVILLE, NC 28792

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 26, 2025. This facility was licensed on December 14, 2000 as a Home for the Aged serving 60 residents. Therefore, this facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, 1999 revisions, section 409.1. Deficiencies have been cited which require a Plan of Action.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a safe condition. Loose railing could harm a resident, staff or guest if it failed to support their weight while exiting the building. Findings on February 26, 2025: a. First Floor Dining Exit - the right hand exterior rail is loose.	C 160	This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a safe condition Loose railing could harm a resident, staff or guest if it failed to support their weight while exiting the building. Findings on February 26, 2025: **a. First Floor Dining Exit - the right hand exterior rail is loose.** 1) The original concrete surrounding the rail posts had worn away, creating a gap that left the railing loose. The gap was cleaned and refilled to stabilize the railing.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	RN/Care Center Manager	4/1/25

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		C 160	2) All exterior railings were immediately inspected, with no further failures noted. 3) Maintenance Staff will be in-serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the rail inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	2/29/2025

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C 164	Continued From page 1 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. Observations revealed that the furnishings were not not kept in good repair. Findings on February 26, 2025: a. Room 3105 Bath - the hinge screws are backing out and the door is not closing. This was corrected at the time of survey. 2. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on February 26, 2025: a. A Hall Stair, lower level - there is moisture migrating into the exterior wall causing the paint to bubble and flake and the metal trim to rust. b. Basement Large Storage - there are brown stains running the height of the wall in the back right corner of the room. c. First Floor Soiled Utility - the ceiling is damaged along the back wall from a leak. The finishing tape is pulled away and there are brown water stains around the damaged area. d. First Floor TV Room - there is one water stained ceiling tile in the coffered ceiling.	C 164	This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not not kept in good repair. Findings on February 26, 2025: **a. Room 3105 Bath - the hinge screws are backing out and the door is not closing. This was corrected at the time of survey.** *This isolated event was corrected immediately. No further instances were found.* C 164 2. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on February 26, 2025: **a. A Hall Stair, lower level - there is moisture migrating into the exterior wall causing the paint to bubble and flake and the metal trim to rust.** 1) A thorough inspection revealed that at somepoint, some downspout extensions had become disconnected the drainage sytem that carries water away from the building. This caused water to pool and migrate to the interior. These extensions will be replaced, and the affected walls scraped and repainted.	

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		C 164	2) All downspouts will be checked for proper drainage and replaced as necessary. If any drainage problems are found to cause water migration and damage, any affected walls will also be scraped and repainted. 3) Maintenance Staff will inspect placement of all downspout drainage monthly. Any drainage proplems found will be documented and addressed through use of WorxHub, the facility's work order system. This documentation submitted to the Healthcare Administrator'sor designee for review for three months from the completion date. 4) In addition to monitoring the results of the drainage inspections, the maintenance supervisor and/or designee will inspect the downspouts quarterly to assure continued compliance. Any problems will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the. Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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		C 164	**b. Basement Large Storage - there are brown stains running the height of the wall in the back right corner of the room.** 1) A thorough inspection revealed that at some point, some downspout extensions had become disconnected the drainage sytem that carries water away from the building. This caused water to pool and migrate to the interior. These extensions will be replaced, and the affected walls scraped and repainted. 2) All downspouts will be checked for proper drainage and replaced as necessary. If any drainage problems are found to cause water migration and damage, any affected walls will also be scraped and repainted. 3) Maintenance Staff will inspect placement of all downspout drainage monthly. Any drainage proplems found will be documented and addressed through use of WorxHub, the facility's work order system. This documentation submitted to the Healthcare Administrator'sor designee for review for three months from the completion date. 4) In addition to monitoring the results of the drainage inspections, the maintenance supervisor and/or designee will inspect the downspouts quarterly to assure continued compliance. Any problems will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the. Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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		C 164	**c. First Floor Soiled Utility - the ceiling is damaged along the back wall from a leak. The finishing tape is pulled away and there are brown water stains around the damaged area.** 1) This leak was one of many discovered after the recent hurricane. Recent work on dampers around this area had weakended the integrity of the area. The mud and tape will be reapplied and the ceiling will be repainted. 2) A comprehensive inspection of all ceilings will be conducted throughout the facility and any ceilings that require repairs will be repaired. 3) Maintenance Staff will be in-serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the ceiling inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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		C 164	**d. First Floor TV Room - there is one water stained ceiling tile in the coffered ceiling.** 1) This cause of this leak was in an area that had been repaired during a recent roof replacement. The coffered ceiling will be replaced. 2) A comprehensive inspection of all coffered ceilings will be conducted throughout the facility and anyceilings that require it will be replaced. 3) Maintenance Staff will be in-serviced concerning this standard's requirements toassure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the ceilinginspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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C 189	Continued From page 2 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 facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire. Findings on February 26, 2025: a. One of the two dry sprinkler systems is currently down due to leaks on the system. They are still working to identify the leaks. This system affects the attic area on A Hall and the facility is currently under fire watch. b.The Fire Alarm Control Panel is indicating trouble on the system due to the dry system being disabled. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.	C 189	This Rule is not met as evidenced by: 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire. Findings on February 26, 2025: **a. One of the two dry sprinkler systems is currently down due to leaks on the system. They are still working to identify the leaks. This system affects the attic area on A Hall and the facility is currently under fire watch.** 1) The sprinkler company had been notified immediately and was already involved in identifying and repairing the leaks of that the dry system taken out of service. The Fire Marshall had already been notified and was involved in updating their preplan in the event of an emergencyduring this downtime. Once the leaks were located and repaired, the system was put back online. 2) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. After the repairs were were completed, the system's panels read normal. 3) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. Any problems found on the panels will continue to be immediately addressed with the alarm and sprinkler companies. When necessary, the facility will continue to notify and coordinate with the local AHJ or Fire Marshall. 4) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. Any problems found on the panels will continue to be immediately addressed with the alarm and sprinkler companies. When necessary, the facility will continue to notify and coordinate with the local AHJ or Fire Marshall.	2/29/2025

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	3) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect low air and other anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. Any problems found on the panels will continue to be immediately addressed with the alarm and sprinkler companies. When necessary, the facility will continue tonotify and coordinate with the local AHJ or Fire Marshall.	C 189	**b.The Fire Alarm Control Panel is indicating trouble on the system due to the dry system being disabled.** 1) The sprinkler company had been notified immediately and was already involved in identifying and repairing the leaks of that the dry system taken out of service. The Fire Marshall had already been notified and was involved in updating their preplan in the event of an emergencyduring this downtime. Once the leaks were located and repaired, the system was put back and the panels returned to normal status. 2) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect low air and other anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. After the repairs were completed, and no further problems were found, the system read normal. 3) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. Any problems found on the panels will continue to be immediately addressed with the alarm and sprinkler companies. When necessary, the facility will continue to notify and coordinate with the local AHJ or Fire Marshall. 4) Both the wet and dry systems are continuously monitored. This is done locally by sensors that detect anomalies within the systems that are then displayed on our fire panel and annuciators and reported remotely to our monitoring service. Any problems found on the panels will continue to be immediately addressed with the alarm and sprinkler companies. When necessary, the facility will continue to notify and coordinate with the local AHJ or Fire Marshall.	2/29/2025

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			2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on February 26, 2025:	
		C 189	**a. Room 3105 - the escutcheon ring on the sprinkler head is loose. This was corrected at the time of survey.** *This isolated event was corrected immediately. No further instances were found.*	

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		C 189	3. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on February 26, 2025: **a. Room 4208 Bath - the cover plate for the electrical outlet is broken.** 1) The outlet cover plate was immediately replaced. 2) All outlet covers will be inspected to assure their compliance with this standard. Any failures to meet the standard will be addressed to insure the facility's compliance. 3) Maintenance Staff will be in-serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the rail inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	2/29/2025

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C 189	Continued From page 3 Findings on February 26, 2025: a. Room 3105 - the escutcheon ring on the sprinkler head is loose. This was corrected at the time of survey. 3. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on February 26, 2025: a. Room 4208 Bath - the cover plate for the electrical outlet is broken. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 26, 2025: a. Basement - the middle bar on the overhead latch plate is missing on one of the cross corridor doors so the door does not latch when closed.	C 189	4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 26, 2025: **a. Basement - the middle bar on the overhead latch plate is missing on one of the cross corridor doors so the door does not latch when closed.** 1) The current hardware on this door was immeidatedly repaired to meet the standard. 2) An inspection of all fire doors was also immediately completed, but failed to find any further breaches of the standard. 3) Maintenance Staff will be in-serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility' s work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date 4) In addition to monitoring the results of the door inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	2/29/2025
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each			

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C 193	Continued From page 4 resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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. Observations revealed that all ovens, ranges and cook tops located in resident activity areas were not maintained under facility staff supervision while unlocked. Findings on February 26, 2025: a. Club House - the oven locking switch was not engaged and this surveyor was able to turn on the stove. No staff were present in the Club House area. 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;	C 193	This Rule is not met as evidenced by: 1. Observations revealed that all ovens, ranges and cook tops located in resident activity areas were not maintained under facility staff supervision while unlocked. Findings on February 26, 2025: **a. Club House - the oven locking switch was not engaged and this surveyor was able to turn on the stove. No staff were present in the Club House area.** 1) This oven is equipped with a remote switch located at the nursing station. This switch was turned off to de-engergize the oven. 2) This is the only oven accessible to unattended residents in the facility. The switch will be covered and labeled to notify maintenance to energize the oven. 3) Staff will be in-serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a weekly inspection. Any deviation from the cited standard will be documented and addressed through use of WorxHub and further training. Failed inspections and training documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date. 4) In addition to monitoring the results of the switch inspections, the maintenance supervisor and/or designee will randomly inspect the switch quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub and further training. Failed inspections and training documentation will be printed and submitted quarterly to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	2/29/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045067	A. BUILDING: 01 B. WING _____	02/26/2025

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C 199	Continued From page 5 (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 26, 2025: a. Basement Housekeeping near the Staff Lounge - the exhaust fan is not working. b. Second Floor Janitor's Closet - the exhaust fan is not working. This was corrected at the time of survey. c. Second Floor C Hall Half Bath in Sitting Area near Maintenance - the exhaust fan is not working. d. Second Floor Dishwashing Station - the cover for the exhaust fan is missing and the fan does not appear to be working in the Housekeeping Closet.	C 199	This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 26, 2025: **a. Basement Housekeeping near the Staff Lounge - the exhaust fan is not working.** 1) The exhaust fan motor failed. Motors were ordered and this fan unit's motor was replaced. 2) A complete survey of all housekeeping closets and laundry areas will be completed to find any further failures to meet this standard. Any additional failures will be addressed to meet this standard. 3) Maintenance Staff will be in- serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a monthly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the exhaust fan inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be subject to review each quarter to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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		C 199	**b. Second Floor Janitor's Closet - the exhaust fan is not working. This was corrected at the time of survey.** *This item was corrected immediately upon being found and no more instances of a centralized exhaust system were found.* **c. Second Floor C Hall Half Bath in Sitting Area near Maintenance - the exhaust fan is not working.** 1) The exhaust fan motor failed. Motors were ordered and this fan unit's motor was replaced. 2) A complete survey of all housekeeping closets and laundry areas will be completed to find any further failures to meet this standard. Any failures will be addressed to bring the equipment up to standard. 3) Maintenance Staff will be in- serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a monthly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the exhaust fan inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be subject to review each quarter to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025

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		C 199	**d. Second Floor Dishwashing Station - the cover for the exhaust fan is missing and the fan does not appear to be working in the Housekeeping Closet.** 1) The exhaust fan motor had failed and been removed. . Motors were ordered and this fan unit's motor and grill was replaced. 2) A complete survey of all housekeeping closets and laundry areas will be completed to find any further failures to meet this standard. Any failures will be addressed to bring the equipment up to standard. 3) Maintenance Staff will be in- serviced concerning this standard's requirements to assure that any hardware maintenance or replacement remains within compliance and monitored as part of a monthly inspection. Any deviation from the standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be printed and submitted to the Healthcare Administrator's or designee for review for three months from the completion date. 4) In addition to monitoring the results of the exhaust fan inspections, the maintenance supervisor and/or designee will inspect the door quarterly to assure continued compliance. Any deviation from the cited standard will be documented and addressed through use of WorxHub, the facility's work order system. This documentation will be subject to review each quarter to the Healthcare Administrator's or designee for review for a period of 1 year from the completion date.	4/11/2025