

PRINTED: 11/24/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/29/2015
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NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
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(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 Follow-up Survey by Dennis Harrell on 10-29-2015. Some deficiencies were not corrected. Further action is required.	{C 000}	Submission of this response and plan of correction is not a legal admission that the deficiency was correctly cited. It is not to be construed as an admission of interest against the facility, the Administrator, Director of Nursing or any employee, agent or other individuals who draft or may be discussed in the Plan of Correction.	
{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 observations, the facility failed to ensure that the building meets the NC State Building Code regarding emergency exiting. This deficiency directly affects all residents, personnel, and visitors who may have to exit the facility in an emergency. Findings on include: a- The emergency release buttons for the	{C 101}	In addition, preparations and submission of this Plan of Correction does not constitute any admission or agreement by the facility of the truth of any facts alleged or correction of any conclusions set forth in this allegation by the survey agency. For the deficiencies cited during this survey, this facility has developed a Plan of Correction with regulations. We would like you to accept this POC as our credible allegation of compliance.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Christa Drake

Ex. Dir.

12-11-2015

STATE FORM

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S3T722

If continuation sheet 1 of 3

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{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 4- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>Findings on include:</p> <p>a- There are unprotected penetrations in the following locations to include but not limited to: 5- The Mechanical Room opposite Room 110 (foam)</p> <p>b- The smoke doors located at Room 102 do not completely close and latch.</p>	{C 189}	<p>4.</p> <p>(a) Removed existing foam and replaced with fire chalk and sheetrock mud.</p> <p>(b) Door latch removed, lubricated and latching appropriately.</p>	<p>11-30-15</p> <p>11-30-15</p>