

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/09/2016
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NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
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{C 000}	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on August 9, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 148}	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on June 16, 2016: a. Corridor between Bedrooms 314 and Sitting Room - the handrail was loose.	{C 148}		
{C 154}	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are:	{C 154}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 154}	Continued From page 1 (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents to be equipped with sounding devices that activate when the door opens. Findings on August 9, 2016: b. Exterior Exit near Bedroom 104 - this " Special Locking " exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	{C 154}		
{C 164}	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.	{C 164}		

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{C 164}	Continued From page 2 This Rule is not met as evidenced by: 2. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on August 9, 2016: a. Bedroom 515 - the wardrobe was missing a door.	{C 164}		
{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 facility failed to provide an environment free of all hazards. HVAC damper in the supplies, returns, ventilation grilles are not free of obstructions. This could affect all residents, staff and visitors if in a fire the dampers do not close completely and in a timely manner to contain the fire and smoke within the room of origin. Findings on August 9, 2016: a. Main Nurse Station - the HVAC return grilles and their radiation dampers had an excessive accumulation of dust/lint. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on August 9, 2016: a. Bedroom 101 - there was a strong urine odor	{C 166}		

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{C 166}	Continued From page 3 that persisted during the Construction Survey.	{C 166}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all occupants to fire if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on August 9, 2016: a. Most of the Building - the fire sprinkler heads were debris-loaded with lint/dust.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 9, 2016: a. Cross-Corridor Doors near Bedroom 410 - , the front leaf did not latch when the fire alarm system released the doors.</p>	{C 189}		

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{C 189}	Continued From page 4 5. Based on observation, the facility fire resistance rated components have not been maintained in a safe condition. This could affect all residents, staff and visitors if the doors did not contain fire /smoke in the room of origin. Findings on August 9, 2016: b. Main Nurse Station - the corridor dutch-door 's top leaf did not latch into the bottom leaf when the bottom leaf was latched to its doorframe.	{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 failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on August 9, 2016: a. Bedroom 513 Bathroom - the exhaust ventilation system did not work, allowing a	{C 199}		

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{C 199}	Continued From page 5 build-up of odors,	{C 199}		
{C 200}	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on August 9, 2016: a. Entire Building - the nurse call pull stations did not notify staff,	{C 200}		