

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2016
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NAME OF PROVIDER OR SUPPLIER RED SPRINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 8-18-20126.</p> <p>Records indicate this facility was first licensed on 10-8-1996, with a capacity of 81 beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(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;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Special (magnetic) Locking installed in 2006 fails to comply with</p>	C 101		

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

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C 101	<p>Continued From page 1</p> <p>Section 1003.3.1.8.5.e of the 2002 NC State Building Code. Section 1003.3.1.8.5.e requires an emergency release switch to be provided within 3 feet of each locked door. Finding includes; The emergency release switches provided were approximately 7 feet from the door and on a different wall.</p> <p>2. Based on observation, the Special (magnetic) Locking installed in 2006 fails to comply with Section 1003.3.1.8.5.c. Section 1003.3.1.8.5.c requires a system components location map to be provided under glass adjacent to the fire alarm panel. Finding includes; There was no system components location map provided under glass adjacent to the fire alarm panel.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.</p>	C 111		

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C 166	Continued From page 2	C 166		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on interview, many staff were unaware of the purpose of the emergency release switches provided for the magnetically locked exit doors. Staff that are not properly trained about emergency egress procedures could delay or prevent an evacuation in an emergency. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the maintenance shop. Based on a review of documents, the range hood fire suppression system is not being inspected monthly as required. Fire suppression systems that are not inspected may fail to operate properly in a fire. Based on observation, the ice machine drain line extends into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required 	C 166		

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C 166	Continued From page 3 by Code, could cause the ice to become contaminated.	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: Based on a review of documents, most of the records available onsite included no description of what the rehearsal involved.	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.	C 189		

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C 189	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 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 include: <ol style="list-style-type: none"> a. Hole in the ceiling of the lobby, b. Hole in the ceiling of the RCC office, c. Holes in the ceiling of the Activity office, d. Holes in the wall and ceiling of the laundry on A Hall. e. Sprinkler escutcheons were missing or not tightly fitted to the ceiling to maintain the fire resistance in the following locations; <ol style="list-style-type: none"> i. Bathroom off the Admin office, ii. Lobby (2), iii. Activity office, iv. A Hall corridor. 2. Based on observation, many 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 include; <ol style="list-style-type: none"> a. The door to bedroom D-21 would not latch when closed b. The doors to bedrooms B- 23, C-11, and D-3 were propped open. c. There was a hole through the dining room door at the latchset. d. There were several holes through the door to the RCC office. 	C 189		