

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL002003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
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NAME OF PROVIDER OR SUPPLIER TAYLORSVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 350 SCHOOL DRIVE TAYLORSVILLE, NC 28681
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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 Biennial Construction Survey by Dennis Harrell on 7-1-2016. Records indicate this facility was first licensed on 11-26-1997 as a Special Care facility for 60 residents. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code-Volume I-General Construction Section 409 Institutional Occupancies.	C 000		
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, the records available onsite included no description of what the rehearsal involved.	C 185	Records now exist that will be available with description of rehearsal. Please see attached documentation.	7/7/2016

Division of Health Service Regulation

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

Spring K Neal
Senior Executive Director

TITLE

(X6) DATE

7-28-16

STATE FORM

0518

FZRW21

If continuation sheet 1 of 3

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C 189	<p>Continued From page 2</p> <p>3. Based on observation, several GFCI type receptacles in bathrooms off resident bedrooms would not trip when tested. This condition was seen to be a pattern in that of 3 receptacles tested, all 3 failed to trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. Malfunctioning GFCI receptacles include at least:</p> <ul style="list-style-type: none"> a. Room 200, b. Room 206, c. Room 213. <p>4. Based on observation the toilet in the Spa was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards.</p> <p>5. Based on observation, there is a hole through the door to room 304. Corridor doors with holes through them present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p>	C 189	<p>GFCI's are on order and should arrive in 10 days. Estimated completion: 8/8/2016</p> <p>The hole in the door to room 304 will be repaired. Estimated completion. 8/5/2016</p>	

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Taylorville House</u>	Date: <u>6/23/16</u>
Shift: <u>11P-7a 3rd shift</u>	Administrator: <u>Spring Neal</u>
Drill Start Time: <u>10:23p.</u>	
Drill End Time: <u>10:25p</u>	
Time for Evacuation:	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	YES <input checked="" type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gases in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff? <u>NO VISITORS</u>	YES <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	YES <input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES <input type="radio"/> NO

NOTES: Drill was conducted on third shift. It was pulled in the TV room. Staff did very well with the drill. All staff participated in the drill and conducted it in a timely manner.

(Discuss potential fire hazards to look for in the facility)

