

Division of Health Service Regulation

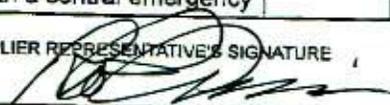
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER HENDERSON'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792
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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 and Ed Miller on 8-3-2016. Records indicate that this facility was first licensed on 7-1-1983, for 26 beds. Based on this information we are requiring the facility to meet the 1977 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 rev 4 Edition of the North Carolina State Building Code; Section 409.1(c) Institutional Occupancy.	C 000		
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: Based on observation, the magnetically locked exit doors are equipped with a central emergency	C 101		

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



TITLE

Administrator

(X6) DATE

09/18/2016

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C 101	Continued From page 1 release switch. The switch is not labled as required by the NC State Building Code.	C 101	Corrected 8-15-2016	
C 123	Bedroom Location-Outside Wall, Access To SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom; This Rule is not met as evidenced by: Based on observation, a wall and door had been installed dissecting bedroom 4. The result was a portion of bedroom 4 was not located directly off a corridor and was only accessible through another bedroom.	C 123	Door was removed 8-15-2016	
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: Based on observation, a hose at the toilet in the chemical room was long enough to reach the toilet basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture	C 166	Vacuum breaker installed 8-15-2016	

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C 166	Continued From page 2 present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	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: 1. Based on review of documents, fire drill rehearsals had not been done since February. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. 2. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved. 3. Based on a review of documents, the only records available onsite did not include the time of the rehearsal.	C 185	Previous director was not documenting fire drills properly. Director was terminated, fire drills and documentations are now continuing as required.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	<p>Continued From page 3</p> <p>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:</p> <p>1. Based on observation, corridor doors are prevented from closing completely 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:</p> <p>a. The smoke barrier doors did not close completely and latch when activated by the fire alarm system.</p> <p>b. The door to bedroom 7 did not fit the opening well enough to resist the passage of smoke and fire.</p> <p>2. 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:</p> <p>a. Unsealed penetration at 2 Pex pipes through ceiling in bedroom 4,</p> <p>b. Unsealed penetration at 2 Pex pipes through ceiling in employee bathroom,</p> <p>c. Unsealed penetration at telephone line</p>	C 189	<p>Barrier doors adjusted, working correctly 8-20-2016 Bedroom 7 completed 8-20-2016</p> <p>All penetrations caulked with intumescant caulk 8-20-2016</p>	

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C 189	Continued From page 4 through ceiling in office. d. Unsealed penetration at TV cable through ceiling in bedroom 3.	C 189	corrected 8-20-2016	