

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/09/2016
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD WESTFIELD, NC 27053
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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 6-9-2016. Several deficiencies were not corrected. Further action is required.	(C 000)	<i>See Attached letter</i>	
(C 150)	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There were 2 med carts stored in the corridor reducing the clear width to about 3.5 feet. b. There was a chair in the corridor reducing the clear width to about 4 feet.	(C 150)		
(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	(C 185)		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Tisha Tuttle Adm.
Tisha Tuttle

COTN22

If continuation sheet 1 of 2

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(C 185)	Continued From page 1 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 of fire drills 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. This Rule is not met as evidenced by: 1. 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. Finding on 5-9-2016: The door to the shower room on 200 Hall, where several cylinders of oxygen are stored, was propped open. Also, there was a chair type weight scale stored in the room that blocked the door from being able to close. 2. Based on observation, the battery powered	(C 189)		

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FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD WESTFIELD, NC 27063		
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(C 189)	Continued From page 2 emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	(C 189)		

