

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/26/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF CONOVER		STREET ADDRESS, CITY, STATE, ZIP CODE 3430 LESTER STREET CONOVER, NC 28613		
(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 7-26-2017. Records indicate this 60 bed HA was first licensed on 9-1-1985. Based on this information, the facility was surveyed using the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000		
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, there was no documentation of monthly inspections since April of this year provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on a tag provided at the system pull. 2. Based on observation, the hose on the shower wand at the tub in the 1st women's bathroom on the right was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the	C 166	1. Completed on 8/5/17. 2. - Completed on 8/13/17, by Paul's Plumbing Company. Installed the parts.	

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

Deany [Signature]

TITLE Administrator

(X6) DATE 8/29/17

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C 166	Continued From page 1 possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 3. Based on observation, there were many cardboard boxes stored in bedroom 3. The excess combustible storage creates a significant fire hazard.	C 166	C 166- 3. completed 7/26/17. All boxes removed, room was reorganized.	
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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding includes: The only documented rehearsal of the fire plan was for the 1st shift in April of this year.	C 185	C 185- Completed on both shifts, on 7/31/17. * We have 2, 12 hour shifts at this facility.	
C 189	Building Equipment Maintained Safe, Operating	C 189		

[Signature]

Division of Health Service Regulation
STATE FORM

Administratör
EVM721

8/25/17

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C 189	Continued From page 3 doors from being resistant to the passage of smoke. d. The double doors to lounge 1 do not latch to the frame when closed. e. The latchbolt is missing on the door to the visitor's bathrooms corridor off the main corridor. f. The door to the Maintenance room was propped open. g. The door to the clock room was propped open. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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: a. Unsealed cable penetration in the ceiling of the Maintenance room, b. Unsealed cable penetration in the ceiling of Lounge 2, c. Unsealed cable penetration in the ceiling of the storage room off the 1st women's bathroom on the left, d. Unsealed cable penetration in the ceiling of the Administrator's office.	C 189	C189- d. completed 7/26/17. e. completed 7/26/17. f. completed 8/7/17. g. completed 8/7/17. -Wayne Dugger fixed all issues and installed magnets. a. completed 8/7/17. b. completed 7/26/17. c. completed 7/26/17. d. completed 7/26/17. -Fire proof Sealant was placed on these cables.	

Desy J. [Signature]

Administrator
EVM721

8/25/17