STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030004	A. BUILDING: **01** B. WING _____	**03/12/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	**150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028**

(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 This is a Report of a Biennial Construction Survey conducted by Greg Cates and Dennis Harrell March 12, 2015. Based on Information from our files, the facility was first licensed or submitted for licensure on August 5, 1999 as an Adult Care Facility with a total capacity of Sixty (60) Residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable components of the current 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code, Section 409-Institutional Occupancy (Group I).	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, the facility has failed to maintain the building in a safe manner. Findings include: a- There are improperly stored oxygen bottles in the following locations, to include but not limited to: 1- Resident Room 203 2- Resident Room 206	C 166		

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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 observations, the facility failed to ensure that the plumbing and mechanical systems are maintained safe and operating. Findings include: a- There is no air gap between the ice machine drain line and the floor drain in the Kitchen. b- The vacuum breaker has been removed from the faucet and replaced with a plug in the following locations, to include but not limited to: 1- Utility Room 2- Janitor ' s Closet c- The sprinkler escutcheon is missing in the ceiling of the porch outside Room 123. d- The HVAC duct smoke detector sample tubes located in the HVAC return ducts are coated with lint and dust. 2- Based on observations, the facility failed to ensure that the corridor is protected by smoke resisting walls and doors to prevent the passage of smoke. This deficiency directly affects all residents, personnel, and visitors in the facility as smoke may not be prevented from entering the	C 189		

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C 189	Continued From page 2 EXIT corridor. Findings include: a- The corridor doors are being propped open with the use of a wedge device, preventing them from closing easily in the event of an emergency. Locations include but are not limited to: 1- Resident Laundry 2- Activity Room 3- Beauty Salon	C 189		