STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023004	A. BUILDING: **01** B. WING _____	R **08/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPENVIEW RETIREMENT HOME	**112 PONY BARN ROAD LAWNDALE, NC 28090**

(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 8-20-2015. Some deficiencies were not corrected. Further action is required.	{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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation the facility failed to meet the provisions of Section 516.1(c) 1. of the 1967 NC State Building Code and Section III, C. 4 of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm. Findings include: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the following locations; d. Resident ½ bathroom (shower room) located	{C 101}		

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{C 101}	Continued From page 1 off the corridor near room 8,	{C 101}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	{C 111}		
{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 exterior exit paths were not maintained uncluttered and free of obstructions. Findings include; a. There was an above ground 4 inch drain pipe extending entirely across the exit path from the	{C 166}		

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{C 166}	Continued From page 2 exit near room 8. b. The exit ramp at the left end of the facility was obstructed with a chair.	{C 166}		
{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 there were 2 duct mounted smoke detectors are installed in the attic but no access doors were provided to allow inspection and maintenance. Duct detectors that are not periodically inspectioned and cleaned may not work in an actual fire. 2. Based on observation the required one-hour fire rated wall separating the facility attic from the attic over the front porch was damaged. Damaged fire rated walls 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: The gypsum joint compound and tape was falling off some of the joints in the attic fire rated wall above the front porch. Findings on 8-20-2015:	{C 189}		

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{C 189}	Continued From page 3 The gypsum joints had been repaired but there was a hole that had been sealed with unapproved residential grade fire foam. Residential type foam cannot be used to seal holes in Institutional Occupansies. 4. Based on observation, the fire safety features protecting the facility corridor have not been maintained in a safe manner. This could affect all residents and staff if the corridor became unusable for evacuation in the event of a fire emergency. Findings include; The facility is equipped with forced air HVAC systems consisting of supply air registers in the bedrooms and other spaces off the corridor and centrally located return air registers in the corridor. The result is that the HVAC systems are using the corridor as a return air plenum making it more likely that smoke will migrate into the exit access corridor if the systems continue moving air during a fire/smoke event. At the time of the survey, it was not determined whether or not the HVAC systems shut down and stop moving air upon activation of the fire alarm system in order to minimize the potential for smoke to migrate into the exit access corridor. At the time of the survey, it was determined that the corridor was not protected by a complete smoke detection system consisting of smoke detectors within 15 feet of the end walls and a maximum of 30 feet between smoke detectors.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	{C 199}		

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{C 199}	Continued From page 4 provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan was not working in the ½ bath off the corridor near room 11.	{C 199}		