STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013006	A. BUILDING: **01** B. WING _____	**10/13/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDREWS LIVING CENTER	**246 CABARRUS WEST CONCORD, NC 28025**

(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 on October 13, 2015. Based on information gathered from our files, the Facility was first licensed on February 2, 1987 for Twenty-Four (24) residents. An addition constructed in 1996 increased the total resident capacity to Fifty- Six (56) Beds. Based on this information, we are requiring the original facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code (Rev 8), Section 409- Institutional Occupancy- Unrestrained. Also, we are requiring the 32-bed addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1991 North Carolina State Building Code (1995 Rev), Section 409.1 Institutional Occupancy, Unrestrained. Both buildings are being required to meet the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.	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 observations, the facility has failed to maintain proper support for all oxygen containers. This may affect all occupants of the building as the bottles could fall over or roll around,	C 166		

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C 166	Continued From page 1 damaging the cylinder or nozzle. Findings include: a- There are three (3) unsupported oxygen bottle in the Med Closet. 2- Based on observations, the facility has failed to maintain the building safe and free of hazards. Findings include: a- The grab bar in the bathroom adjacent to the Med Closet is loose and may not support a person ' s full weight. 3- Based on observations, the facility has failed to maintain the appropriate air gap at the ice machine. This could affect all persons in the facility who may use the ice by allowing possible contamination from contact with the floor or floor drain. Findings include: a- The drain pipe extending from the ice machine extends into the floor drain.	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)	C 189		

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C 189	Continued From page 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has not maintained the plumbing system safe and operating. Findings include: a- The commode in the Handicap Bath is loose at the connection to the floor and there is water present. 2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- Many of the Resident Room corridor doors in the addition do not close completely and latch due to the carpet reducer strip being too high.	C 189		