STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023042	A. BUILDING: **01** B. WING _____	**10/29/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF KINGS MOUNTAIN	**1001 PHIFER ROAD** **KINGS MOUNTAIN, NC 28086**

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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 10-29-2015. Records indicate this facility was first licensed on 2-4-1998, for sixty-five residents. There was an addition of the 100 Hall in 2006 but the capacity remained the same. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, the 1996 w/ ' 97 rev Edition of the North Carolina State Building Code; Institutional Occupancy - Group I(U), and the 2002 Edition of the North Carolina State Building Code; Institutional Occupancy, - Group I-2. Deficiencies were noted which will require a Plan of Correction.	C 000		
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 review of documents, the most recent sprinkler inspection report, dated 5-21-2015, listed several deficiencies. There was no supporting documentation to indicate the deficiencies had been corrected. A deficient fire sprinkler system could endanger all occupants of the building. Findings include:	C 111		

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C 111	Continued From page 1 a. The accelerator will not reset and must be replaced or rebuilt. b. A sprinkler head was obstructed by duct work and must be relocated. c. Several sprinkler escutcheons were missing. NOTE; In addition to the sprinkler escutcheons listed as missing on the inspection form, it was observed that escutcheons were missing or not properly fitting the ceiling in the sprinkler riser room on 100 Hall and at the can wash area.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, there were broken wall tiles in the shower room on 200 Hall. Broken tiles present sharp edges that could be dangerous to the residents.	C 164		
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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked to within 4 inches of the ceiling in the kitchen supply room.	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, the cross-corridor doors near the RCC office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-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.	C 189		

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C 189	Continued From page 3 2. Based on observation, some doors are not closing well and/or latching to resist the passage of fire and smoke. 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. Findings include; a. The rated fire door between the kitchen and dining room was sagged and hitting the doorframe so that it would not close completely. b. The corridor door to the medroom on 200 Hall was equipped with a mechanical "kick-down" to hold it open. c. The corridor door to the kitchen supply room was equipped with a mechanical "kick-down" to hold it open. d. The corridor door to the medroom in the BTR was equipped wedged open. 3. Based on observation, several battery powered emergency lights 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. Findings include the emergency lights in the following areas: a. Storage in BTR, b. Activity room, c. Corridor at room 305, d. Maintenance office, e. Medroom, f. Shower room on 200 Hall, g. Corridor at room 220, h. Kitchen. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the	C 189		

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C 189	Continued From page 4 possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole at wires in ceiling of kitchen Manager's office, b. Unsealed sleeves (2) through ceiling of electrical room on 100 Hall. 5. Based on observation the required attic draft stop walls were compromised in several locations. Holes and penetrations that are not properly sealed present the possibility that a fire that begins in one attic space can quickly grow and spread to other areas of the facility. Findings include: a. The doors in the draft stops are held in place by bolts and wing nuts or are srcewed in place. Many had been taken down for installation of new sprinkler pipes. Interview with facility staff and the sprinkler workmen indicated the draft stop doors are not replaced at night following the work day. b. Holes in the draft stops at new pipe installations are not sealed at the end of the work day.	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 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;	C 199		

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C 199	Continued From page 5 (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 soiled utility room in the BTR.	C 199		