PRINTED: 10/08/2015
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084051	A. BUILDING: 01 B. WING	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 Ed Miller on September 16, 2015. Based on information gathered from our files, the Facility was first licensed on October 10, 1980 for Sixty (60) residents. A fully sprinkled addition was completed and licensed on February 1, 1990, making a total of Ninety-Four (94) Residents including Thirty-Two (32) Special Care Beds. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Section 409- Institutional Occupancy; the addition to meet the 1986 Rules for the Licensing of Adult Care Homes and the 1986 North Carolina State Building Code, Section 409- Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	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	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE
Jan Eller	Administrator	11/6/15

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	HAL054061	A. BUILDING: 01 B. WING	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

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C 101	Continued From page 1 "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: 1- Based on observations, the facility failed to ensure that the building meets the NC State Building Code regarding delayed egress. This deficiency directly affects all residents, personnel, and visitors who may have to exit the Special Care wing in an emergency by delaying exiting of the facility in the event of an emergency. Findings include: a- The delayed egress doors on both ends of the Special Care wing are not equipped with signage designating them as delayed egress.	C 101	a to be repaired by 12/18/15 Had to order will be in on 2-29-16	
	2- Based on observations, the facility has failed to maintain the fire safety evacuation plans to accurately reflect the footprint of the facility. Findings include: a- There are no evacuation plans located in the rear addition (300/400 Halls) or new Special Care Unit. 3- Based on observations, the facility has failed to provide the required fire protection coverage in the SCU. Findings include: a- There are several rooms in the SCU that are not provided with heat/ smoke detection. Locations include but are not limited to:		a fire plans have not changed, plans will be placed on 300/400 halls and special care unit by 11/15/15. a to be repaired by 12/18/15	

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LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

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C 101	Continued From page 2 1- SCU Nurse ' s Station 2- SCU Laundry 3- SCU Laundry closets	C 101	Alarm Company Had to order will have installed By 2-29-16	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days	C 116		

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C 116	Continued From page 3 following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1- Based on observations and investigations into our files, the facility has failed to receive the required approvals and inspections for moving the SCU and subsequent renovations associated with the move. Findings include: a- The SCU has been moved from the rear addition, which is fully sprinkled, to a wing in the original building that is not fully detected. b- Although schematics for "SCU Renovations" were submitted in 2012, subsequent follow-ups by this office in 2014 showed no project approvals, plans, specifications, or inspections by this office or the local officials having jurisdiction.	C 116 f a-b	Will notify when construction is started, 50%, 75%, 90% and 100% complete. please see attached CO	
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets	C 132 5	to be repaired by 12/18/15	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted] ASSISTED LIVING	2775 PINEWOOD HOME ROAD PINK HILL, NC 28572

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C 132	Continued From page 4 (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains: This Rule is not met as evidenced by: 1- Based on observations, the facility has not provided adequate privacy in the bathrooms that are equipped with more than one bathing area. Findings include: a- The bathroom beside Room 111 is not equipped with a curtain for the tub. b- Bathroom 2A is equipped with curtain rods but no curtains for privacy. c- Bathroom 2B has no curtain for either the shower or tub.	C 132	a - repaired on 10/28/2015 b - repairs to be completed by 12/18/15. c - repaired on 10/28/2015.	
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: 1- Based on observations, the facility has failed to maintain the facility furnishings in good repair. Findings include: a- In several resident rooms, the window blinds are damaged, bent, broken, or missing. Specific	C 164	Waiting for Supplies to Deliver a - repaired on 10/28/2015	3-9-16

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LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

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C 154	Continued From page 5	C 164		
	locations include but are not limited to: 1- Resident Room 311 (missing) 2- Resident rooms on 400 Hall (bent, broken)			
	b- In the Dining/ Conference Room in the rear addition, the plastic laminate is releasing from the counter.	b	repaired on 10/28/15.	
	c- In the Dining/ Conference Room in the rear addition, there is a drawer front missing on the cabinetry.	c	to be repaired by 12/18/15.	
	d- In Resident Room 403, there is no hardware on the bathroom door.	d	repaired 10/28/15.	
	e- There is a carpet strip missing at the Men/ Guest bathroom, allowing the carpet to unravel.	e	repaired 10/28/15.	
	f- Most of the resident rooms on the 100 Hall are not equipped with chairs for resident us or guests.	f	to be repaired by ~~12/18/15~~ Have ordered and waiting on Supplier.	
	g- There are several bathrooms where there is missing ceramic tile. Locations include but are not limited to: 1- Shower in the Bathroom beside Room 109. 2- Shower in Bath 3A 3- Bath beside the Janitor ' s Closet on 300 Hall	g	to be repaired by ~~12/18/15~~. ~~Flooring~~ contractor has ordered tile will set date when tile is delivered	
	h- The hardware on the corridor door to the SCU Utility Room is loose and not secure.	h	repaired 10/23/15.	
	i- The corridor door hardware at Resident Room 215 is loose and not secure.	i	repaired 10/28/15	
	2- Based on observations, the facility has failed to maintain the buildings walls, ceilings, and floors in good repair and clean.			
	a- In the several of the bathrooms, there is significant mildew growth on the shower tile. Locations include but are not limited to: 1- Bathroom beside Room 111 2- Bathroom 2B	a	Cleaned 10/25/15 and ongoing	
	b- There is significant build-up of lint and other items behind the dryer and on the wall in the following locations to include but not limited to:	b	Cleaned 10/25/15 and ongoing	

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C 164	Continued From page 6 1- Main Laundry Room (Lint) 2- SCU Laundry Room (Lint, socks, cardboard box) c- In areas with hard floor coverings, the areas around the door frames and in corners, there is a build-up of wax/ dirt. Specific examples include but are not limited to the following: 1- SCU Utility/ Janitors 2- SCU Laundry	C 164	c cleaned 10/25/15 and ongoing	
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 the building free of hazards by not securing oxygen bottles from falling over or rolling around. Findings include: a- There is an oxygen bottle being stored in the TV Room of the rear addition that is unsupported and could fall over, damaging the cylinder or nozzle. b- The grab bar beside the tub in the bathroom beside the Janitor ' s closet on the 300 Hall is loose. c- There is a kick-down in use at the RCC office that may prevent the door from closing easily in	C 166	a moved to different location on 10/23/15. b to be repaired by 12/16/15. c removed kick-down on 10/23/15.	

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C 188	Continued From page 7 the event of an emergency. d- The handrail located at the ramp in the rear addition is missing screws and is very loose. e- The safety release lock on the refrigerator/ freezer is broken/ disabled and a pad lock is being used to lock the unit, allowing a person to be locked in the refrigerator/ freezer. f- The two closets in the SCU Laundry have deadbolt locks that are installed backwards with the keyed portion on the inside and the thumb-turn to the outside, allowing the possibility of someone being locked in the closets. 2- Based on observation, the facility has failed to keep the building and its environment clean and maintained. Findings include: a- There are several locations throughout the facility where the carpet is torn, unraveling, or stained. Locations include but are not limited to: 1- Resident Room 311- Tear 2- Resident Rooms on the 400 Hall- Tears 3- Corridor outside Room 100- Stains 4- Resident Room 115- Tear 5- Resident Room 200- Stains b- There are several locations throughout the facility where the resident private bathroom floors are not clean or are stained. Locations include but are not limited to: 1- Resident Room 115- Dirty/ stained (Mildew at the toilet caulking) 2- Resident Room 108- Dirty/ Stained (odor of urine) 3- Resident Room 200- Sticky and wet (odor of urine) 4- SCU Laundry bathroom- Stained c- The corridor doors and door frames throughout the facility have been scratched and scarred and	C 188	d. repaired 10/26/15 e. removed lock on 10/23/15. f. deadbolts were reversed on 10/26/15. a. to be repaired by 12/18/15. 1- Replaced carpet 2- waiting on contractor to replace floor covering 3- cleaned 4- Replaced carpet 5- cleaned b. cleaned on 10/23/15 and ongoing.	

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C 186	Continued From page 8 are in need of refinishing/ paint. Specific examples include but are not limited to: 1- Bath 3A (in rear addition) 2- Bath beside the Janitor ' s Closet on the 300 Hall 3- Closet door in Resident Room 115 4- Bathroom beside Resident Room 109 5- SCU Laundry	C 186 C 1-5	painting to be completed by 12/18/15. Done ↓	
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, fire safety systems are not maintained safe and operating. These deficiencies may affect residents, staff, or visitors who live, work, or visit the facility. Findings include: a- Many of the EXIT signs throughout the facility are not equipped with battery back-up. Locations to include but not limited to: 1- 300 Hall, 2- 400 Hall 3- Kitchen 4- Special Care Dining Room b- With the installation of the hanging chandeliers	C 189 a b	to be repaired by 12/18/15 to be repaired by 12/18/15	

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C 189	Continued From page 9	C 189		
	b- the rear wings, many of the EXIT signs are now not visible and need to be off-set. Locations include but are not limited to: 1- 400 Hall. 2- 300 Hall. 3- Special Care (200 Hall) Wing. 4- 100 Hall	b 1-4	to be repaired/replaced by ~~12/18/15~~ waiting on Electrial Contractor	
	c- The EXIT signs in the following locations are broken and hanging by the wires. Locations to include but not limited to: 1- 400 Hall EXIT door. 2- Fire wall leading into the rear addition.	c	to be repaired by 12/18/15.	
	d- The EXIT signs in the following locations have the directional arrows punched and are directing people in incorrect directions for exiting. 1- On the Central Hall side of the 100 Hall fire wall. 2- On the inside of the SCU entrance/ EXIT door.	d	to be repaired by 12/18/15.	
	e- The EXIT sign on the Living Room side of the fire doors in the SCU has been removed.	e	to be repaired by 12/18/15	
	f- The emergency lights located in the following areas are not equipped with battery back-up. Locations to include but not limited to: 1- 300 Hall 2- 400 Hall 3- Assisted Living Dining Room 4- Central Hall beside the Nursing Aide Office 5- 100 Hall 6- SCU (200 Hall)	f	to be repaired by 12/18/15	
	g- The emergency lights located in the following areas have broken heads, allowing only one head to light. Locations include but are not limited to: 1- Dining/ Conference Room in the rear addition 2- Sitting Room in the rear addition 3- Entrance to the SCU	g 1 2 3	to be repaired by 12/18/15. repaired by 12/18/15 repaired 10/28/15 repaired 10/28/15	
	2- Based on observations, the facility failed to ensure that the building is safe by not maintaining			

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C 189	Continued From page 10	C 189		
	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 on include:			
	a- The one-hour rated ceilings are not sealed due to penetrations or damage to the construction system. Locations include but are not limited to: 1- Exterior porch ceiling at the 300 Hall EXIT- gaps around the edges. 2- The ceiling mounted light fixture in Room 311 is missing the cover. 3- Electrical Panel Room- gaps around the conduits and cables. 4- Sprinkler Riser room- ceiling damage and gaps at the sprinkler pipes. 5- Rear addition alcove- ceiling damage. 6- Janitor ' s Closet beside Men/ Guest bathroom- gaps around conduit. 7- Men/ Guest- ceiling damage/ large hole. 8- Outdoor Mechanical- gaps around conduits and cables. 9- Utility (SCU) - Gap around the heat detector. 10- Room 200- approximately 3/4 " hole in ceiling.	1 2 3 4 5 6 7 8 9 10	repaired 11/4/15. repaired 11/4/15 repaired 11/4/15. repaired 11/4/15. repaired 11/4/15. repaired 11/4/15. repairs to be completed by 12/18/15 repaired 11/4/15 repaired 11/4/15. repaired 11/4/15.	
	3- Based on observations, the facility has failed to maintain the building electrical system safe and operating.			
	Findings include: a- In the ceiling in the Sitting Room of the rear addition (right side), there is a junction box cover missing. b- The ceiling mounted fluorescent light fixture in the Maintenance Office is loose and hanging down on one end.	a b	repaired 10/26/15. repaired 10/26/15	

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C 189	Continued From page 11	C 189		
	c- The duplex wall socket on the exterior wall beside the bed is broken.	c	repaired 10/28/15.	
	d- One of the ceiling mounted fluorescent light fixtures is missing the cover.	d	repairs to be completed by 12/18/15.	
	e- The GFCI receptacle located in Bathroom 2A in the SCU does not have power and will not trip.	e	repairs to be completed by 12/18/15.	
	f- The light at the rear addition EXIT is not working.	f	repaired 10/28/15.	
	4- Based on observations, the facility has not maintained the plumbing system safe and operating.			
	Findings include:			
	a- The tank cover for the toilet in the bathroom in the Sitting Room of the rear addition is oversized, not secure, and in danger of falling off.	a	to be repaired by 12/18/15	
	b- In the large bathroom beside Room 111, there is no vacuum breaker on the walk-in tub hand-held sprayer.	b	to be repaired by 12/18/15.	
	c- In the large bathroom beside Room 111, the shower head pipe has pulled out of the wall and is not secured.	c	to be repaired by 12/18/15	
	d- The tank cover for the toilet in the bathroom beside Room 109 is oversized, not secure, and in danger of falling off.	d	to be repaired by 12/18/15.	
	e- In Bathroom 2B in the SCU, there is no vacuum breaker on the walk-in tub hand-held sprayer.	e	to be repaired by 12/18/15.	
	f- In Bathroom 2A in the SCU, the shower pipe is loose and the escutcheon does not cover the hole around the pipe.	f	to be repaired by 12/18/15.	
	5- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke.			
	Findings include:			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: 01 B. WING	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 189	Continued From page 12 a- The corridor doors in the following areas do not close completely and latch. Locations include but are not limited to: 1- The Janitor ' s Room beside the Men/ Guest Bathroom 2- Resident Room 115 3- Resident Room 116 4- Janitor ' s Room near Room 109 5- Resident Room 108 6- Resident Room 217 8- Based on observations, the facility has failed to maintain the fire and smoke doors to prevent the passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency. Findings include: a- The fire door located between the original building and the addition has been disabled and does not latch. b- The smoke door on the 300 Hall has a gap of approximately ½ inch with no astragal to close the gap. c- The fire door located on the 100 Hall does not completely close and latch as it is rubbing against the frame. d- The fire door located in the SCU releases upon alarm, but drags on the carpet, preventing it from closing. e- There is an approximately ¾ " hole in the fire door separating the original building from the addition. 7- Based on observations, the facility has failed to maintain the EXIT doors in a safe condition. Findings include:	C 189 C189 1-e a b c d e	repaired on 11/4/2015 repairs to be made by 12/18/15 repairs to be made by 12/18/15 repairs to be made by 12/18/15 repairs to be made by 12/18/15. repairs to be made by 12/18/15	

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	HAL084051	A. BUILDING: 01 B. WING	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 189	Continued From page 13 a- The cover in the crash bar is missing from the doors in the following areas. Locations to include but not limited to: 1- Right Fire Door in the SCU. 2- Activity Room EXIT door. 8- Based on observations, the facility has failed to maintain the EXIT path from the building without obstruction. This may affect any occupant of the building who may have to EXIT from the Activity Room. a- The door exits to a gazebo with a gate that is blocked by planters and a large ashtray stand.	C 189	a1 repairs to be made by 12/18/15 a2 repairs to be made by ~~12/18/15~~ ~~1/29/16~~ 2/29/16 a moved items on 10/23/15.	
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; (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: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust	C 199		

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	HAL064051	A. BUILDING: 01 B. WING	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOMES ROAD PINK HILL, NC 28572

(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
F 199	Continued From page 14 systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- A pattern exists where the exhaust fans are not operating. Areas to include but not limited to: 1- Bathroom in Resident Room 311. 2- Janitor's Room beside Men/ Guest bathroom 3- Men/ Guest bathroom 4- Large bathroom beside Room 109 5- SCU Utility Room 6- SCU Bath 2B b- There is no exhaust fan in the SCU Laundry. c- There is no cover on the exhaust fans in the following areas. Locations to include but not limited to: 1- Bathroom adjacent to the Sitting Room in the rear addition. 2- Bathroom beside the Janitor's Closet on the 300 Hall.	a 1-4 b c 1-2	a repairs to be completed by ~~12/18/15~~ 2-29-16 b repairs to be made by 12/18/15. c repairs to be made by 12/18/15.	~~12-29-16~~ 2-29-16

CERTIFICATE OF OCCUPANCY
Lenoir County

This Certificate issued pursuant to the requirements of the International Codes certifying that at the time of issuance, this structure was in compliance with the various ordinances of Lenoir County regulating building construction or use.

Project #: 06- HO

Permit #: 12-01036

Master Permit #: 12-01036

Proposed Use: ASSISTED LIVING

Occupancy Type: I Construction Type: VU Fire Zone:

Property Owner: THERAPUETIC ALTERNATIVES

Address: 4270 HEATH DAIRY RD

City: RANDLEMAN

State: NC Zip: 27317

Project Address: PINEWOOD HOME RD 2773

Contractor: HARPER RANDALL C

Gary O'Neal Sm
(Building Official)

11/03/15
Date.

* * * POST IN A CONSPICUOUS PLACE * * *