STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: **01** B. WING _____	R **05/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	**935 PAGE DRIVE** **MOUNT PLEASANT, NC 28124**

(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 Frank Strickland on 05/26/2016: Some cited deficiencies have been field verified for correction. However, corrective action is required on the outstanding deficiencies and a new Plan of Correction 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 at no cost; This Rule is not met as evidenced by: 1. Based on observation, and interview with Staff in Charge, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection	{C 101}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: **01** B. WING _____	R **05/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	**935 PAGE DRIVE** **MOUNT PLEASANT, NC 28124**

(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 101}	Continued From page 1 system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on 05/26/2016: a. New Wing Bedroom Closets - there was no automatic fire detection in these rooms, b. New Wing Activity Room Storage- there was no automatic fire detection system in this room, c. New Wing Dining Storage- there was no automatic fire detection system in this room, d. New Wing Business Manager Office - there was no automatic fire detection system in the closet of this room, 2. Based on observation, the Building was not maintained in a safe and operating condition, because by not having properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on 05/26/2016: a. East Corridor Exit to Sun Room - the delayed egress lock on this door, did not initiate the irreversible process to unlock. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. 3. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on 05/26/2016:	{C 101}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: **01** B. WING _____	R **05/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	**935 PAGE DRIVE** **MOUNT PLEASANT, NC 28124**

(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 101}	Continued From page 2 a. Most doors in the means of egress and equipped with delayed egress - these doors either had no readily visible sign near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS", or the letters were not at least one inch high, as specified by Code. 4. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire alarm system componenets. Findings on 05/26/2016: a. Basement Exit Stair - there was not manual fire pull at this location.	{C 101}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on 05/26/2016: The New Wing Bedroom Bathroom showers are	{C 133}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: **01** B. WING _____	R **05/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	**935 PAGE DRIVE** **MOUNT PLEASANT, NC 28124**

(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 133}	Continued From page 3 not equipped with hand grips,	{C 133}		