STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: **01** B. WING _____	**06/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	**703 S. WALNUT STREET FAIRMONT, NC 28340**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on June 30, 2016. Records indicate this facility was first licensed on April 29, 1998 for One Hundred (80) Beds. On or about March 1, 2012 a capacity increase for the Special Care Unit to Forty-Eight (48) Beds was approved while maintaining the total capacity at One Hundred (80) Beds. Based on this information, we are requiring the facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy. Deficiencies were noted which require a Plan of Correction.	C 000		
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 provide commodes, tubs and showers accessible to residents 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	C 133		

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C 133	Continued From page 1 fixtures. Findings on June 30, 2016: a. Bathroom near 109 - there were no hand grips (grab bar) for the showers.	C 133		
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 Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on June 29, 2016: a. Bedroom 302 - the Corridor door handle was loose. b. Bedroom 305 - the Bathroom door handle was loose. c. Bedroom 311 - the Corridor door handle was loose. d. Bedroom 312 - the Corridor door handle was loose. e. Bedroom 319 - the Bathroom door handle was loose. f. Bedroom 319 - the Closet door handle was loose. g. Bedroom 102 - Bathroom door handle was loose. h. Bedroom 321 - the connection of the commode to the floor was loose.	C 164		

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C 164	Continued From page 2 i. Bedroom 210 - the connection of the commode to the floor was loose. j. Bedroom 212 - the connection of the commode to the floor was loose. k. Bedroom 303 - the PTAC unit had broken control knobs. l. Bedroom 210 - the chest-of-drawers was missing some handles. m. Bedroom 319 - the chest-of-drawers was missing some handles. n. Bedroom 201 - the chest-of-drawers had some loose handles. o. Bedroom 109 - the chest-of-drawers had some loose handles. p. Bedroom 114 - the chest-of-drawers had some loose handles. q. Bedroom 318 - the Closet door was damaged. r. Bedroom 317 - the Bathroom door hits its frame. s. Bedroom 113 - the Bathroom door was damaged. t. Bedrooms 117 & 119 - the share Bathroom has a broken commode.	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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 166		

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C 166	Continued From page 3 maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards This could affect all residents, staff and visitors if in a fire the dampers do not close completely and in a timely manner to contain the fire and smoke within the room of origin. Findings on June 30, 2016: a. Entire Building - the HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint and my not close properly in an emergency. b. AL Nurse Station - three portable medical oxygen cylinders were stored standing up not secured to the structure. If cylinders fall, they can break their valves, propelling the cylinder and turning them into dangerous projectiles. c. Bedroom 120 - a portable medical oxygen cylinder was stored standing up not secured to the structure. If cylinder fall, it can break their valve, propelling the cylinder and turning it into dangerous projectile.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each	C 175		

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C 175	Continued From page 4 resident. Findings on June 30, 2016: a. Bedroom 301/303 - there was no means to hang a towel in the Bedrooms or adjoining bathroom. b. Bedroom 302/302 - there was no means to hang a towel in the Bedrooms or adjoining bathroom. c. Bedroom 109 - the towel bar was broken.	C 175		
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 Building Sprinkler System was not maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 30, 2016: a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 11:00 AM. b. Bedroom 302 - in the Corridor Side Closet the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated celling assembly, allowing	C 189		

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C 189	Continued From page 5 the spread of fire and smoke. c. AL Activity Room - in the Closet the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling. allowing the spread of fire and smoke d. Pantry - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. e. Bedroom 120 - there were items stored to close to the fire sprinkler head, thus disrupting the water discharge pattern. f. AL Nurse Station - there were items stored to close to the fire sprinkler head, thus disrupting the water discharge pattern 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 30, 2016: a. SCU Corridor near Living Room - the wall-mounted self-contained emergency light did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. b. Kitchen near Drink Station - the wall-mounted self-contained emergency light did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. c. Corridor near Bedroom 201 - the wall-mounted self-contained emergency light did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. d. Left Smoke Barrier Wall - the exit sign's faceplate was falling off at the front leaf of the cross-corridor door.	C 189		

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C 189	Continued From page 6 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on June 30, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, there has been no record keeping of the monthly inspections. 4. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin Findings on June 29, 2016: a. Left Smoke Barrier - the back leaf's door closure was not attached, allowing the spread of fire and smoke. b. Left Smoke Barrier - the back leaf hit its frame and will not close and latch, allowing the spread of fire and smoke. c. Attic Smoke Barrier wall near Bedroom 114 - there was a gap around a pipe not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. d. Attic Smoke Barrier wall near Bedroom 114 - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. e. Attic Smoke Barrier wall near Bedroom 202 - there was a gap around a pipe not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke.	C 189		

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C 189	Continued From page 7 f. Attic Smoke Barrier wall near Bedroom 202 - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. g. Attic Smoke Barrier wall near Dinning - there were gaps around six 2 ½ PVC not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. h. Attic Draft wall near Kitchen - there were gaps around six 2 ½ PVC not sealed as it penetrate the Draft wall, allowing the spread of fire and smoke. i. Attic Smoke Barrier wall near Bedroom 211 - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke j. Attic Smoke Barrier wall near Bedroom 312 - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke k. Hopper Room - there was a hole not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. 5. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on June 30, 2016: a. Bedroom 206 - the new resident's family tied open the corridor door, a device that does not release with a push or pull of the door.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 8 (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 Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on June 30, 2016: a. Storage Room near Bedroom 201 - there was no exhaust ventilation system and odors are present. 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on June 30, 2016: a. Housekeeping near Bedroom 212 - the local exhaust ventilation system did not work, allowing a build-up of odors. b. Bedroom 314 - the local exhaust ventilation system did not work, allowing a build-up of odors.	C 199		