STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079103	A. BUILDING: **01** B. WING _____	R **01/24/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOYER'S ASSISTED LIVING	**5767 HWY 135** **STONEVILLE, NC 27048**

(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 a Biennial Follow Up Construction Survey by Ed Miller, conducted on Jaunary 24, 2017. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction. Several new citation was added.	{C 000}		
{C 152}	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the building was not equipped with stable handrails and guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on August 10, 2016: a. Porch near Kitchen - a section of guardrail was loose. b. Central Back Exit - the handrail down the steps was loose. c. Front Porch Right Side - a section of guardrail was loose. d. Front Porch Left Side - a section of guardrail was loose.	{C 152}		

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C 153	Continued From page 1	C 153		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the requirements for outside entrance and exits. This would affect residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on January 24, 2017 a. Back Left Exit - the replacement door handle for the exterior door had a thumb button that had to be turned before the door handle would open the door.	C 153		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe	{C 160}		

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{C 160}	Continued From page 2 condition. Findings on August 10, 2016: a. Front Left Yard - there was a 6 feet by 8 feet by 5 inches deep area where water was standing. Standing water can breed insect.	{C 160}		
{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: 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on August 10, 2016: c. Bedroom near Bedroom 19 - the gypsum wall finish was rough and need to be sanded and finished. d. Right Back Exit - the paint on exterior side of the door was peeling off.	{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 3 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on August 10, 2016: a. Bathroom near Bedroom 19 - the commode's tank top was broken, producing sharp edges. 2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on August 10, 2016: a. Bathroom across from Bedroom 15 - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. b. Staff Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. c. Bathroom near Staff Bedroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. 3. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust freely to an	{C 166}		

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{C 166}	Continued From page 4 open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on August 10, 2016: a. Back Right Wing - the clothes dryer exhaust duct and vent were clogged. .	{C 166}		
{C 176}	Bedroom Furnishings-Light Overhead or Lamp 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: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. (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 the required lighting for a bedroom. Findings on August 10, 2016: a. Bedroom 14 - the room accommodates two resident but had no bedside lamp or light controlled from the bed.	{C 176}		
{C 181}	Fac. Licensed Before 1/1/1984, Fire Alarm Sys SECTION .0300 - PHYSICAL PLANT 10a NCAC 13F .0307 FIRE ALARM SYSTEM (c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the	{C 181}		

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{C 181}	Continued From page 5 North Carolina State Building Code in effect at the time the building was constructed, shall be provided with the following: (1) A fire alarm system with pull stations within five feet of each exit and sounding devices which are audible throughout the building; (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from any end wall; (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries; (4) All detection systems interconnected with the fire alarm system; and (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails. This Rule is not met as evidenced by: 1. Based on observation, the Building did not meet the Rule Findings on August 10, 2016: a. Back Right Exit - there was no manual fire alarm pull with five feet of this location.	{C 181}		
{C 183}	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT	{C 183}		

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{C 183}	Continued From page 6 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on August 10, 2016: b. Corridor near Right Back Exit - the fire extinguisher was missing from its bracket, leaving the back area without fire extinguisher protection.	{C 183}		
{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 Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and	{C 189}		

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{C 189}	Continued From page 7 visitors by not providing early detection and activating the fire alarm system. Findings on August 10, 2016: a. Housekeeping - fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. 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 August 10, 2016: a. Fire Wall - the fire door was equipped with a locking door handle so when the fire alarm system was activated, the fire door released, closed and latched into its frame, denying residents on the right side an egress pathway. c. Kitchen - the exit sign was dangling from its base by its operational wires. f. Living Room Exit - the exit sign did not illuminate on normal or backup power when tested. 3. Based on Observation and interview with Manager, the electrically operated call system was not maintained operating. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on August 10, 2016: a. Entire Building - the electrically operated call system did not functioning as designed. When activted the signal is not recieved at the Staff Station. 4. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special	{C 189}		

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{C 189}	Continued From page 8 knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 10, 2016: a. Laundry - the corridor door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the room. b. Housekeeping - the corridor door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the room. 5. Based on observations, the Building was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on August 10, 2016: a. Bathroom across from Bedroom 15 - there was a gap around call system conduit not firestopped as it penetrate the fire-resistance-rated ceiling assembly. b. Linen Closet near Bedroom 12- there was an open joint between the ceiling assembly and the walls assembly's fire-resistance-rated gypsum wallboard construction. 6. Based on observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on August 10, 2016: a. Bedroom 19 - the corridor doorframe was missing its strike plate, therefore to door does not latch to resist the passage of smoke. b. Bedroom 13 - the corridor doorframe was missing its strike plate, therefore to door does not latch to resist the passage of smoke. c. Bedroom 12 - the corridor doorframe was	{C 189}		

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{C 189}	Continued From page 9 missing its strike plate, therefore to door does not latch to resist the passage of smoke. d. Bedroom 11 - the corridor door did not latch into its frame as the strike box was filled with a gum like substance. 7. Based on Observation and interview with Administrator, the Building was not maintained accessible for inspection. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on August 10, 2016: a. Furnace Room - there was no key onsite to allow access into this area. 8. Based on observation, the Building electrical system was not maintained in a safe and operating condition. Findings on August 10, 2016: a. Dining Room - the light fixture was missing its globe. b. Porch near kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its cover plate. 9. Based on observation, the foundation drainage system was not maintained in a operating condition. This would affect residents, staff and visitors water to enter the building. Findings on August 10, 2016: a. Left Basement - there was water entering the basement and allowed to stand. 10. Based on Observation, the Building was not maintained, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on January 24, 2017	{C 189}		

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{C 189}	Continued From page 10 a. Basement- a plumbing leak had deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where the tape and joint compound had disappeared and ceiling was beginning to fall down.	{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; (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 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 August 10, 2016: a. Bathroom across from Bedroom 15 - the exhaust fan cover, vanes and radiation damper have an excessive accumulation of dust/lint. b. Staff Bathroom - the exhaust fan cover, vanes and radiation damper have an excessive accumulation of dust/lint.	{C 199}		

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{C 199}	Continued From page 11 c. Bath near Staff Bathroom - the exhaust fan cover, vanes and radiation damper have an excessive accumulation of dust/lint	{C 199}		