STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL012010	A. BUILDING: 01 B. WING _____	01/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HOUSE	114 TENTH STREET NE HILDEBRAN, NC 28637

(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 Construction Section Biennial Survey by Dennis Harrell on 1-20-2017. Records indicate this facility was first licensed on 10-13-1997, as an HA for 60 residents. 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 for Seven or More Beds, and the 1996 w/ ' 99 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I.	C 000		
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: Based on observation, several corridor doors are prevented from closing quickly and/or latching to resist the passage of fire and smoke. 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. Findings include; a. The door from the kitchen to the dining room was wedged open and the dining room corridor	C 189	see attached Plan of Correction SIGN HERE	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amber Linton — TITLE: Administrator — (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 189	Continued From page 1 doors are routinely left open. b. The doors to bedrooms 105, 312 and 313 do not fit the opening properly to be resistant to the passage of smoke.	C 189		

Cambridge House
FID #: 971201
License #: HAL-012010
DHSR Construction Survey of January 20, 2017

Section .0300 – Physical Plant
10A NCAC 13F .0311 Other Requirements
Tag # C189

1. Staff have been trained regarding the rule, and wedge has been removed from the building. Maintenance Director and Administrator will ensure, while doing a daily walk through of the building that no doors are being left propped open.
2. Weather stripping has been added to the bedroom doors of rooms 105, 312 and 313 per your recommendation. Maintenance Director will check that all doors are sealed and resistant to the passage of smoke, and will continue to monitor on a regularly scheduled basis.

The Maintenance Director will be reviewing the procedures during new employee orientation with all new employees hired by the facility. On a monthly basis the Maintenance Director and/or Administrator will assure facility compliance with these requirements by auditing that the procedures are being followed.

Amber Minton
Amber Minton, Administrator

2-16-17
Date