STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023008	A. BUILDING: **01** B. WING _____	**04/19/2017**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller and Dennis Harrell on April 19, 2017. Records indicate this facility was first licensed on 5-1-1992, for 64 beds. On 4-7-2000, a change of capacity was approved increasing the total to 74 beds. Based on the above information, the facility is required to meet the 1991 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director and Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on April 19, 2017: a. Records indicate that the last annual Fire	C 111		

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C 111	Continued From page 1 Marshal Inspection Report was performed on January 2016.	C 111		
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 fixtures. Findings on April 19, 2017: a. Bath/Spa near Bedroom 53 - there were no hand grip (grab bar) for the tub.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by	C 150		

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C 150	Continued From page 2 slowing or obstructing egress during an emergency. Findings on April 19, 2017: a. Kitchen - the exit pathway to the exterior exit is being blocked with an ice machine and bread rack, decrease the required width of 36 inches to 21 inches.	C 150		
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 prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on April 19, 2017: a. Oxygen room - the utility sink's plumbing trap had dried-up, allowing sewer gases to enter the Building. Deficiency corrected before Construction Surveyors departed the site. 2. Based on Observation, the facility failed to keep floors or floor coverings and furniture clean and in good repair. Findings on April 19, 2017: a. Corridor outside Dining and Front Lobby - the carpet seams have begun to unravel. b. Corridor outside Beauty Shop - the carpet	C 164		

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C 164	Continued From page 3 seams have begun to unravel.	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 Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on April 19, 2017: a. Bedroom 3 - two portable medical oxygen cylinders were stored standing not secured to the structure. 2. Based on Observation, the facility failed to maintain the building in an uncluttered, clean, and orderly manner. Findings on April 19, 2017: a. Bath/Spa near Bedroom 53 - the exhaust ventilation grille and its radiation damper had an excessive accumulation of dust/lint.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS	C 183		

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C 183	Continued From page 4 (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. Findings on April 19, 2017: a. Housekeeping near Bedroom 50 - since the annual maintenance of the extinguisher, there has been no documentation of the portable fire extinguisher's monthly inspections. b. 2 Floor Corridor - since the annual maintenance of the extinguisher, there has been no documentation of the portable fire extinguisher's monthly inspections.	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 building delayed egress locking system was not maintain in a safe	C 189		

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C 189	Continued From page 5 and operating condition. Findings on April 19, 2017: a. Front Exit - the exterior exit door with delayed egress requires more than 15 pounds of force to initiate the irreversible process to unlock the door. b. Activity Room - the exterior exit door with delayed egress requires more than 15 pounds of force to initiate the irreversible process to unlock the door. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on April 19, 2017: a. Kitchen - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Med Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Corridor near Resident Care Directors Office - there is hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Corridor near Bedroom 11 - there is large hole made for sprinkler pipe repairs not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. 2 Floor Mech Room in Attic - the gypsum constructed wall and ceiling assemblies have developed crack that can no longer resist the passage of fire and or smoke. f. Walls Separating the Finished Space and the Attic -the joints of the gypsum constructed fire partition (tape and joint compound) have separated from the wallboard and the trusses and can no longer resist the passage of fire and or smoke.	C 189		

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C 189	Continued From page 6 3. 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 April 19, 2017: a. Kitchen - there is no emergency lighting provided in this large room and there is no emergency generator for when the lights go out. b. Kitchen - the exit sign over the exterior door was the type that cannot illuminate and there was no emergency light to illuminate it. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation 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 April 19, 2017: a. Kitchen - the commercial kitchen hood's fire suppression system nozzles are not correctly aimed to effectively extinguish a fire. b. Kitchen - the commercial kitchen hood's fire suppression system nozzles and pipe drops are very dirty. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on April 19, 2017: a. Maintenance Director Office - items are stored within 18 inches below the fire sprinkler head.	C 189		

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C 189	Continued From page 7 b. Activity Directors Office - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. c. Corridor near Bedroom 18 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 19, 2017: a. Smoke Barrier near Executive Directors Office - the left leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. b. Fire Barrier near Bedroom 30 - the back leaf, of the pair of doors, did not latch when the fire alarm system released the doors. c. Smoke Barrier near Bedroom 18 - the left leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 7. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on April 19, 2017: a. 2 Floor Bedroom F2 - is being used to storage combustible materials like large amounts of diapers, significantly increasing the fire load without any additional protection.	C 189		

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C 189	Continued From page 8 8. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on April 19, 2017: a. Activity room - the corridor door did not latch into its frame when closed. b. Food Service Director Office - the corridor door had a wedge and a large floor fan holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. c. Resident Laundry - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. d. 2 Floor Bedroom F3 - the door handle was very loose and may not function properly when used. e. 2 Floor near Bedroom F3 - the exit door hits the fire escape landing floor requiring addition force to open the door. f. 2 Floor near Bedroom B1 - the exit door does not lock. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 19, 2017: a. Dining near Kitchen Door - the light fixture is falling down from the ceiling. b. 2 Floor Corridor near Bedroom F3 - a light fixture had been removed and energized wires were dangling from the ceiling. Deficiency corrected before Construction Surveyors departed the site. c. Corridor near Bedroom 18 - there is three light fixtures missing there globes.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited	C 191		

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C 191	Continued From page 9 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on April 19, 2017: a. Housekeeping near Bedroom 50 - a portable electric space heater was found in this room. b. Resident Care Directors Office - a portable electric space heater was found in this room. c. Bedroom 10 - a portable electric space heater was found in this room. d. Bedroom 18 - a portable electric space heater was found in this room. e. Bath/Spa near Bedroom 53- two portable electric space heaters were found in this room.	C 191		
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 10 (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 April 19, 2017: a. Housekeeping near Bedroom 50 - 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 April 19, 2017: a. Public Restroom - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. b. Biohazards and Soiled Linen - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. c. Bath/Spa near Bedroom 53 - the exhaust	C 199		

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C 199	Continued From page 11 ventilation system was running, but did not remove the required amount of air to dissipate the odors.	C 199		