STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 Construction Section Biennial Survey report by Frank Strickland on 05/11/2017: This facility was first licensed on 01/01/1977 for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and A Plan of Correction is required.	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 observation, this facility has failed to provide current inspection reports on site for review Findings on 05/11/2017: This facility has failed to have on site a current Fire Inspection and Fire Alarm Testing report for review.	C 111		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 152	Continued From page 1 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 observations, this facility has not maintained and provided all ramps with handrails. Findings on 05/11/2017: The Front Entrance Porch Ramp does not have the following requirements: (a) No handrails are provided. (b) No permanent anti-slip measures are in place (Currently nailed shingles to decking are providing a trip hazard). (c) The wood ramp decking is not secured to the support structure. (d) The guardrails have insufficient lateral resistance.	C 152		
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, this facility has failed to maintain the floor coverings to provide safe walking surfaces.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 166	Continued From page 2 Findings on 05/11/2017: The flooring in the Back Hall corridor is damaged due to water migration and is unfastened to the floor creating a trip hazard. 2-Based on observation, this facility has failed to maintain the floor coverings in all Bathrooms and Bathing Areas. Findings on 05/11/2017: All the Bathrooms and Bathing Areas have floor tile that are unfastened to the floor surfaces, discolored and damaged. 3-Based on observation, this facility has failed to maintain the floor coverings in all Service Areas. Findings on 05/11/2017: The floor tile that is located in the Kitchen has floor tile that are unfastened, dirty, discolored and damaged. 4-Based on observation, this facility has failed to complete the floor covering installations to provide safe walking surfaces. Findings on 05/11/2017: All of the resident room entrances located in the Back Hall do not have thresholds from the new installations creating unlevel floor surfaces.	C 166		
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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 189	Continued From page 3 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, this facility has failed to maintain and service of the Fire Alarm Detection System (FACP) as required by the 1967 North Carolina State Building -Section 1126 Fire Alarms and Section 1127 Smoke Detectors. Findings on 05/11/2017: The Fire Alarm Detection System failed to detect any smoke when tested, system was in trouble mode with no indication noticing on the display board. 2-Based on observation, this facility has failed to maintain the securement and service of the smoke/heat detection devices. Findings on 05/11/2017: The Back Hall Hallway has smoke detectors unsecured to the ceiling and painted heat detectors. 3-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 0/11/2017: The emergency exit lighting that are located at the following location(s) did not illuminate when tested in the emergency mode: (a) Basement stairwell	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 189	Continued From page 4 (b) Dining Hall 4-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 02/21/2017: Emergency exit lighting is not provided at the exit passageway tha is located adjacent to the Laundry Room next to the covered breezeway. 5-Based on observation, this facility has failed to maintain, clean and service it's Kitchen equipment. Findings on 05/11/2017: The Kitchen range and exhaust hood have the following health/safety issues: (a) There is grease running down the backside of the range and dripping on the floor. (b) The range exhaust hood has excessive grease build-up on all the surfaces over the cooking surfaces with grease drippings on the edges of the hood. (c) The ansul piping has grease drippings due to leak of cleaning that could fall into food preparation areas. 6-Based on observation, this facility has failed to maintain the securement of all the plumbing fixtures. Findings on 05/11/2017: The toilets are not secured to the floor located at the following locations: (a) #1 Bath (b) Bathrooms adjacent to Room #7	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD CANDLER, NC 28715**

(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 189	Continued From page 5 7-Based on observations, this facility has not maintained exterior exit door surfaces. This could affect all residents and staff by restricting the operation of doors for egress. Findings on 05/11/2017: The exit door adjacent to the Laundry Room drag on the concrete floor. 8-Based on observation, this facility has failed to provide fire protection in all penetrations of the fire rated roof/ceiling assemblies. Findings on 05/11/2017: The corridor ceiling that is located outside Rooms #6/#7 is becoming unfastened to the support structure, cracking and has penetrations with holes open to the attic.	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.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011369	A. BUILDING: **01** B. WING _____	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	**136 ROBINSON COVE ROAD** **CANDLER, NC 28715**

(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 199	Continued From page 6 This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. Findings on 05/11/2017: The mechanical exhaust fans are not exhausting the interior air at the following locations: (a) Back Hall Bathroom (b) Bathrooms adjacent to Room 7 (c) Utility Room (d) Bathroom adjacent to Kitchen	C 199		