Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 Ed Miller and Billy Bryant on April 12, 2017. Records indicate this facility was first licensed on 03/04/1997 as a Home for the Aged. The facility is currently licensed for 70 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Unrestrained Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building failed to meet NC State Building Code at the time of alteration by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on April 12, 2017: a. New Front Door - the door has delayed egress locking, which requires a readily visible sign on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS",	C 101		
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 slowing or obstructing egress during an emergency. Findings on April 12, 2017: a. Kitchen - the exit was blocked on the inside with a cart and trash can.	C 150		
C 189	Building Equipment Maintained Safe, Operating	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 2 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 was not maintained in a safe and operating condition, because there is not a properly working delayed egress system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on April 12, 2017: a. East Corridor Exit to Sun Room - the delayed egress lock on this door, did not initiate the irreversible process to unlock whenever a force on not more than 15 pounds is applied to the door or releasing device. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. Door did unlock on fire alarm system activation and keypad input. b. Exits near Bedroom 14 and Bedroom 8 - the delayed egress locks, did not release upon actuation of the fire alarm system. Doors did unlock on keypad input. Executive Director and Maintenance Director were instructed to in-service all shifts of staff, to use the keypad for emergency exiting. Maintenance Director called alarm techs for emergency service. There ETA was 5:30 PM. At 9:36 AM on 4-13-17 the electromagnetic locks on	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 these doors were disengaged. Staff was watching these doors until RF technology could arrive and repair the system. At 12:13 PM on 4-13-17 repaired delayed egress doors were placed back online. 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 April 12, 2017: a. New main Exit - the exit sign have both chevron directional indicators, punch-outs, removed, indicating that you should turn left and right to exit, but the way out is straight. b. Bistro and Open space Outside of Nurse Office Entrance - there was no emergency lighting provided for these exit elements.. 3. 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 12, 2017: a. Water Shut-Off Room, - there was a two-inch open-ended PVC sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Water Shut-Off Room - there are gaps around three metal conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Exit near Bedroom 14 - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 maintain the electrical system in a safe and operating condition. Findings on April 12, 2017: a. Exterior near Exit close to Bedroom 14 - the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault. b. Exterior near Exit close to Bedroom 1 - the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault. c. Dining Room near sink - the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault. d. Janitor near Bedroom 8 - a large carpet-cleaning machine is stored in front of the electrical panels, limiting the required 36-inches minimum clear working space to 8-inches. This prevents quick access in any emergency. e. Kitchen - a trash can and a cart is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 1-inch. This prevents quick access in any emergency. f. Nurse Office - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed receptacles. 5. Based on observation, the Facility failed to maintain the Ventilation System in a safe and operating condition. Findings on April 12, 2017: a. Janitor near Bedroom 8 - the ventilation system did not work, allowing a build-up of odors. b. Bulk Laundry - the ventilation system did not	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041029	A. BUILDING: 01 B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SKEET CLUB	1560 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 work, allowing a build-up of odors. c. Janitor across from Bedroom 26 - the ventilation system did not work, allowing a build-up of odors. 6. 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 12, 2017: a. Closet near Bulk Laundry - 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. b. Bistro (old Living) - 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 189		

The following is a summary of the Plan of Correction for Brookdale Skeet Club. This Plan of Correction is in regards to the Corrective Action Report dated April 12, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

Sherry Lunn — Executive Director 5/10/17

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS
The physical plant requirements for each adult care home shall be applied as follows:
(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

This Rule is not met as evidenced by:
1. Based on observation, the Building failed to meet NC State Building Code at the time of alteration by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on April 12, 2017:
a. New Front Door - the door has delayed egress locking, which requires a readily visible sign on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS"

- Designated doors will have appropriate signs visible regarding emergency egress after pushing 15 seconds. Completed on 4/13/17

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: C 150
1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on April 12, 2017:
a. Kitchen - the exit was blocked on the inside with a cart and trash can.

- Trash can and carts will be stored allowing for adequate hall egress width when not attended. Completed on 4/12/17

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 was not maintained in a safe and operating condition, because there is not a properly working delayed egress system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time.

Findings on April 12, 2017:
a. East Corridor Exit to Sun Room - the delayed egress lock on this door, did not initiate the irreversible process to unlock whenever a force on not more than 15 pounds is applied to the door or releasing device. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. Door did unlock on fire alarm system activation and keypad input.
b. Exits near Bedroom 14 and Bedroom 8 – the delayed egress locks, did not release upon actuation of the fire alarm system. Doors did unlock on keypad input. Executive Director and Maintenance Director were instructed to in-service all shifts of staff, to use the keypad for emergency exiting. Maintenance Director called alarm techs for emergency service. There ETA was 5:30 PM. At 9:36 AM on 4-13-17 the electromagnetic locks on these doors were disengaged. Staff was watching these doors until RF technology could arrive and repair the system. At 12:13 PM on 4-13-17 repaired delayed egress doors were placed back online.
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 April 12, 2017:
a. New main Exit - the exit sign have both chevron directional indicators, punch-outs, removed, indicating that you should turn left and right to exit, but the way out is straight.
b. Bistro and Open space Outside of Nurse Office Entrance - there was no emergency lighting provided for these exit elements.
3. 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 12, 2017:
a. Water Shut-Off Room, - there was a two-inch open-ended PVC sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.
b. Water Shut-Off Room - there are gaps around three metal conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.
c. Exit near Bedroom 14 - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.
4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.
Findings on April 12, 2017:
a. Exterior near Exit close to Bedroom 14 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.

b. Exterior near Exit close to Bedroom 1 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.
c. Dining Room near sink - the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.
d. Janitor near Bedroom 8 - a large carpet-cleaning machine is stored in front of the electrical panels, limiting the required 36-inches minimum clear working space to 8-inches. This prevents quick access in any emergency.
e. Kitchen - a trash can and a cart is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 1-inch. This prevents quick access in any emergency.
f. Nurse Office - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed receptacles.
5. Based on observation, the Facility failed to maintain the Ventilation System in a safe and operating condition.
Findings on April 12, 2017:
a. Janitor near Bedroom 8 - the ventilation system did not work, allowing a build-up of odors.
b. Bulk Laundry - the ventilation system did not work, allowing a build-up of odors.
c. Janitor across from Bedroom 26 – the ventilation system did not work, allowing a build-up of odors.
6. 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 12, 2017:
a. Closet near Bulk Laundry - 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.
b. Bistro (old Living) - 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.

- Exit doors with delayed egress locks will be repaired to be in conformance with the Code Requirements. Completed on 4/13/17
- New main Exit sign will have both chevron directional indicators, punch-outs, removed, indicating that you should turn left and right to exit, but the way out is straight. Completed 4/19/17
- Bistro and Open space Outside of Nurse Office Entrance - emergency lighting will be provided for these exit elements. Will be completed on 5/19/17
- Water Shut-Off Room- PVC sleeve with a cable bundle will be reapired to be firestopped as it penetrates the fire-resistance-rated ceiling assembly. Completed on 4/13/17
- Gaps around three metal conduits will be repaired to be firestopped as they penetrate the fire resistance rated ceiling assembly. Completed on 4/13/17
- Exit near Bedroom 14 - exit sign repaired to completely cover the hole penetrating the fire-resistance-rated ceiling assembly. Completed on 4/13/17
- Exterior near Exit close to Bedroom 14 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17.
- Exterior near Exit close to Bedroom 1 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17.

- Dining Room near sink - the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17
- Janitor near Bedroom 8 - carpet-cleaning machine moved as not to be stored in front of the electrical panels, limiting the required 36-inches minimum clear working space to 8-inches. Completed on 4/12/17
- Kitchen - a trash can and a cart will not be stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 1-inch. Completed on 4/12/17
- Nurse Office - a power tap (power strip) will be moved as not to be plugged into another power tap. Completed on 4/12/17
- All ventilation system fans will be repaired as not to allow a build-up of odors. Will be completed by 5/26/17
- Fire sprinkler escutcheon plates will be repaired as not to drop down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Completed on 4/12/17

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 5/26/17.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.

The following is a summary of the Plan of Correction for Brookdale Skeet Club. This Plan of Correction is in regards to the Corrective Action Report dated April 12, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS
The physical plant requirements for each adult care home shall be applied as follows:
(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

This Rule is not met as evidenced by:
1. Based on observation, the Building failed to meet NC State Building Code at the time of alteration by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on April 12, 2017:
a. New Front Door - the door has delayed egress locking, which requires a readily visible sign on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS"

- Designated doors will have appropriate signs visible regarding emergency egress after pushing 15 seconds. Completed on 4/13/17

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: C 150
1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on April 12, 2017:
a. Kitchen - the exit was blocked on the inside with a cart and trash can.

- Trash can and carts will be stored allowing for adequate hall egress width when not attended. Completed on 4/12/17

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 was not maintained in a safe and operating condition, because there is not a properly working delayed egress system. This could affect all residents, staff, and visitors by potentially delaying exiting in an emergency for more than an acceptable time.

Findings on April 12, 2017:
a. East Corridor Exit to Sun Room - the delayed egress lock on this door, did not initiate the irreversible process to unlock whenever a force on not more than 15 pounds is applied to the door or releasing device. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. Door did unlock on fire alarm system activation and keypad input.
b. Exits near Bedroom 14 and Bedroom 8 – the delayed egress locks, did not release upon actuation of the fire alarm system. Doors did unlock on keypad input. Executive Director and Maintenance Director were instructed to in-service all shifts of staff, to use the keypad for emergency exiting. Maintenance Director called alarm techs for emergency service. There ETA was 5:30 PM. At 9:36 AM on 4-13-17 the electromagnetic locks on these doors were disengaged. Staff was watching these doors until RF technology could arrive and repair the system. At 12:13 PM on 4-13-17 repaired delayed egress doors were placed back online.
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 April 12, 2017:
a. New main Exit - the exit sign have both chevron directional indicators, punch-outs, removed, indicating that you should turn left and right to exit, but the way out is straight.
b. Bistro and Open space Outside of Nurse Office Entrance - there was no emergency lighting provided for these exit elements.
3. 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 12, 2017:
a. Water Shut-Off Room, - there was a two-inch open-ended PVC sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.
b. Water Shut-Off Room - there are gaps around three metal conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.
c. Exit near Bedroom 14 - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.
4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.
Findings on April 12, 2017:
a. Exterior near Exit close to Bedroom 14 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.

b. Exterior near Exit close to Bedroom 1 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.
c. Dining Room near sink - the ground-fault circuit-interrupter (GFCI) electrical power receptacles on both sides of the door did not have electrical power and could not be tested for ground fault.
d. Janitor near Bedroom 8 - a large carpet-cleaning machine is stored in front of the electrical panels, limiting the required 36-inches minimum clear working space to 8-inches. This prevents quick access in any emergency.
e. Kitchen - a trash can and a cart is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 1-inch. This prevents quick access in any emergency.
f. Nurse Office - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed receptacles.
5. Based on observation, the Facility failed to maintain the Ventilation System in a safe and operating condition.
Findings on April 12, 2017:
a. Janitor near Bedroom 8 - the ventilation system did not work, allowing a build-up of odors.
b. Bulk Laundry - the ventilation system did not work, allowing a build-up of odors.
c. Janitor across from Bedroom 26 – the ventilation system did not work, allowing a build-up of odors.
6. 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 12, 2017:
a. Closet near Bulk Laundry - 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.
b. Bistro (old Living) - 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.

- Exit doors with delayed egress locks will be repaired to be in conformance with the Code Requirements. Completed on 4/13/17
- New main Exit sign will have both chevron directional indicators, punch-outs, removed, indicating that you should turn left and right to exit, but the way out is straight. Completed 4/19/17
- Bistro and Open space Outside of Nurse Office Entrance - emergency lighting will be provided for these exit elements. Will be completed on 5/19/17
- Water Shut-Off Room- PVC sleeve with a cable bundle will be repaired to be firestopped as it penetrates the fire-resistance-rated ceiling assembly. Completed on 4/13/17
- Gaps around three metal conduits will be repaired to be firestopped as they penetrate the fire resistance rated ceiling assembly. Completed on 4/13/17
- Exit near Bedroom 14 - exit sign repaired to completely cover the hole penetrating the fire-resistance-rated ceiling assembly. Completed on 4/13/17
- Exterior near Exit close to Bedroom 14 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17.
- Exterior near Exit close to Bedroom 1 – the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17.

- Dining Room near sink - the ground-fault circuit-interrupter (GFCI) electrical power receptacles will be repaired on both sides of the door as to be tested for ground fault. Will be completed by 5/26/17
- Janitor near Bedroom 8 - carpet-cleaning machine moved as not to be stored in front of the electrical panels, limiting the required 36-inches minimum clear working space to 8-inches. Completed on 4/12/17
- Kitchen - a trash can and a cart will not be stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to 1-inch. Completed on 4/12/17
- Nurse Office - a power tap (power strip) will be moved as not to be plugged into another power tap. Completed on 4/12/17
- All ventilation system fans will be repaired as not to allow a build-up of odors. Will be completed by 5/26/17
- Fire sprinkler escutcheon plates will be repaired as not to drop down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Completed on 4/12/17

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 5/26/17.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.