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
	HAL092108	A. BUILDING: 01 B. WING _____	02/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING AT NORTH HILLS	615 SPRING FOREST ROAD RALEIGH, NC 27609

(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 Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on February 24, 2017. Records indicates this facility was first licensed or submitted on March 17, 1998, as a Home for the aged. The facility is currently licensed for 160 Beds including a total of 48 Special Care Unit 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 (1998 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at 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",	C 101		

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C 101	Continued From page 1 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 did not meet the code requirements in effect at the time of initial Licensing, by not providing all the required exits or exit access doors with exit signs. This could affect residents, staff and visitors by not providing egress directions for a prompt evacuation of the building. Findings on February 24, 2017: a. Corridor near Reminiscence West - the elevator side of the pair of Corridor doors did not have an exit signs directing you through these doors. 2. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing, by having exits with special locking not equipped with all the required components to comply with the building code. This could affect residents, staff and visitors by not providing egress directions for a prompt evacuation of the building Findings on February 24, 2017: a. Corridor near Reminiscence West - there was no emergency release switch on the elevator side of the pair of Corridor doors. b. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP.	C 101		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 2 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 February 24, 2017: a. Bedroom 361 - Six portable medical oxygen cylinders were stored standing up not secured to the structure.	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 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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to	C 189		

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C 189	Continued From page 3 fire/smoke if not contained in Room or compartment of origin Findings on February 24, 2017: a. Electrical Room on 360 Hall - there were several penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. Deficiency corrected before Construction Surveyors departed the site. b. Electrical Room 2-35 - there were several penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. Deficiency corrected before Construction Surveyors departed the site. c. Electrical Room 2-35 - there was a conduit cut open that was not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed the site. 2. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on February 24, 2017: a. Staff Lounge - the corridor door was would not close and latch because a nail had been place in the stick. b. Reminiscence West Living Room - inactive leaf of the double doors was not equipped with an automatic flush bolt to become the latched leaf so the active leaf had something to latch into. 3. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on February 24, 2017: a. Bedroom 321- the corridor door had a wedge holding the door open, preventing the rapid	C 189		

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C 189	Continued From page 4 release of the door with a light push or pull of the door, to close and latch. b. Bedroom 271- 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. c. Bedroom 213- 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. Bedroom 214- 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. e. Living, Dining and Activity Rooms throughout the Building - the corridor doors had chairs holding the doors open, preventing the rapid release of the doors with a light push or pull of the doors, to close and latch 4. Based on Observation, the facility failed to keep plumbing devices in a safe condition.. Findings on February 24, 2017: a. Kitchen - the ice machine drain was piped directly on to the floor drain, resulting in the potential for the drain line to clog and contaminate the ice due to backflow.	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:	C 199		

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C 199	Continued From page 5 (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 February 24, 2017: a. Bedroom 351 - the exhaust ventilation system did not work, allowing a build-up of odors. b. Soiled Linen 2-38 - the exhaust ventilation system did not work, allowing a build-up of odors. c. Laundry 1-44 - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199		

Sunrise Senior Living
Plan of Correction

Name of Community: Sunrise Assisted Living At North Hills
Address: 615 Spring Forest Road Raleigh, NC 27609
License number: HAL-092-108
Inspection date(s): 02/24/2017
Name and Title of Sunrise Representative Signing the Plan of Correction: **Audria Wilson Associate Executive Director**

Signature of Sunrise Representative:
Date of Submission: **3/29/17**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
C101 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 shall meet licensure and code requirements in effect at time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall no addition or renovation has been made, be less than those requirements found in the**		**A. With respect to the specific resident/situation cited:**

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
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 did not meet the code requirements in effect at the time of initial Licensing, by not providing all the required exits or exit access doors with exit signs. This could affect residents, staff and visitors by not providing egress directions for a prompt evacuation of the building.** **Findings on February 24, 2017:** **a. Corridor near Reminiscence West-the elevator side of the pair of Corridor doors did not have an exit signs directing you through these doors.** **2. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing, by not providing all the required exits or exit access doors with exit signs. This could affect residents, staff and visitors by not providing egress**	3/16/17	Maintenance Coordinator or designee added exit signs to Corridor door.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
directions for a prompt evacuation of the building. **Findings on February 24, 2017:**		
a. Corridor near Reminiscence West – there was no emergency release switch on the elevator side of the pair of Corridor doors.	3/23/17	Emergency release switch was installed and tested by Stanley Healthcare.
b. Fire Alarm Control Panel – the special locking system does not have a wiring diagram and a system components location map posted at the FACP.	3/29/17	Maintenance Coordinator created wire diagram and a system component location map and posted at FACP.
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	3/16/17	The Maintenance Coordinator completed an inspection of the community to ensure exit doors were compliant to code.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	3/16/17	MC/ED/Designee will complete a monthly visual checks to ensure exit signs are operational and in designated

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		areas.
	3/23/17	The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program. Issues identified during rounds will be documented and resolved.
	3/16/17	**D. With respect to how the plan of correction will be monitored:** The ED or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur. The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed in the leadership meetings and action initiated if required.
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.**		**A. With respect to the specific resident/situation cited:**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
(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 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 February 24, 2017:**		
a. Bedroom 361 – Six portable medical oxygen cylinders were stored standing up not secured to the structure.	2/24/17	Portable tanks were picked up and appropriate new storage crates were placed in resident's room by medical equipment provider.
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	3/30/17	The MC, RCD and care team completed an audit of rooms with oxygen containers to ensure they were safely stored and no issues were identified.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	3/30/17	The Maintenance Coordinator, Resident Care Director/designee will complete walking rounds to identify appropriate storage for oxygen in resident rooms weekly

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		for 60 days. 3/30/17 Care and housekeeping teams will receive a refresher training from the Maintenance Coordinator on proper oxygen tanks storage in resident rooms.
	3/16/17	**D. With respect to how the plan of correction will be monitored:** The ED or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur. The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed in the leadership meetings and action initiated if required.
C 189 Building Equipment Maintained Safe, Operating **SECTION .300 – 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 existing facilities.** **This rule is not met as**		**A. With respect to the specific resident/situation cited:**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
evidenced by: **1. 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 maintained in Room or compartment of origin.** **Findings on February 24, 2017:**		
a. Electrical Room on 360 Hall – there were several penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. Deficiency corrected before Construction Surveyors departed the site.	2/24/17	Maintenance Coordinator or designee sealed penetrations with fire caulk in room 360.
b. Electrical Room 2-35 – there were several penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. Deficiency corrected before Construction Surveyors departed the site.	2/24/17	Maintenance Coordinator or designee sealed penetrations with fire caulk in electrical room 2-35.
c. Electrical Room 2-35 – there was a conduit cut open that was not fire stopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency	2/24/17	Maintenance Coordinator or designee sealed penetrations with fire caulk electrical room 2-35.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
corrected before Construction Surveyors departed the site **2. Based on observation, the interior doors were not maintained in a safe and operating condition.** **Findings on February 24, 2017:**		
a. Staff Lounge – the corridor door would not close and latch because a nail had been place in the stick.	3/8/17	Maintenance Coordinator or designee installed a new door knob in the staff lounge.
b. Reminiscence West Living Room – inactive leaf of the double doors was not equipped with an automatic flush bolt to become the latched leaf so the active lead had something to latch into. **3. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin.** **Findings on February 24, 2017:**	3/24/17	Maintenance Coordinator or designee installed a door closure and magnetic catch in the Reminiscence west living room.
a. Bedroom 321- the corridor door has a wedge holding the door open, preventing the rapid release of the door with a light push or pull of	3/8/17	Wedge was removed on 2/24/17 and a magnetic catch was added in 321 bedroom.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
the door, to close and latch.		
b. Bedroom 271- the corridor door has 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.	3/8/17	Wedge was removed on 2/24/17 and a magnetic catch was added in 271 bedroom.
c. Bedroom 213- the corridor door has 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.	3/8/17	Wedge was removed on 2/24/17 and a magnetic catch was added in 213 bedroom.
d. Bedroom 214- the corridor door has 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.	3/8/17	Wedge was removed on 2/24/17 and a magnetic catch was added in 213 bedroom.
e. Living, Dining, and Activity Rooms throughout the Building – the corridors had chairs holding the doors open, preventing the rapid release of the doors with a light push or pull of the doors, to close, and latch.	2/24/17	Chairs were removed from holding doors open and doors were left in open position in the living, dining and activity rooms.
4. Based on Observation, the facility failed to keep plumbing devices in a safe condition. **Finding on February 24, 2017:**		
a. Kitchen – the ice machine drain was piped directly on	3/22/17	Ice machine raised two inches off floor with wooden blocks to prevent clogging and contamination.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
to the floor drain, resulting in the potential for the drain line to clog and contaminate the ice due to backflow.		
	3/30/17	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The MC and housekeeping team completed a walk through and to confirm compliance with issues identified during this survey.
	3/30/17	**C. With respect to what systemic measures have been put into place to address the stated concern:** The MC, ED and designees will conduct monthly preventive checks to confirm the issues identified during this survey are compliant. Issues identified will be documented and resolved.
	3/30/17	**D. With respect to how the plan of correction will be monitored:** The ED or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur. The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed in the leadership meetings and action initiated if required.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
C 199 Exhaust Ventilation **SECTION .300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS** **(g) The spaces limited 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 the exception of Paragraph € 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 with proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors.** **Findings on February 24, 2017:**		**A. With respect to the specific resident/situation cited:**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
a. Bedroom 351 – the exhaust ventilation system did not work, allowing a build-up of odors.	4/8/17	Bahnson Mechanical Systems will install an exhaust fan to prevent build-up of odors in 351 bedroom.
b. Soiled Linen 2-38 – the exhaust ventilation system did not work, allowing a build-up of odors.	4/8/17	Bahnson Mechanical Systems will install an exhaust fan to prevent build-up of odors in the soiled linen 2-38.
c. Laundry 1-44 – the exhaust ventilation system did not work, allowing a build-up of odors.	4/8/17	Bahnson Mechanical Systems will install an exhaust fan to prevent build-up of odors in the laundry room 1-44.
	3/30/17	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The MC and Maintenance assistant completed walking rounds of the following areas to confirm areas below had functioning exhaust fans: **(1) soiled linen storage;** **(2) soil utility room;** **(3) bathrooms and toilet rooms;** **(4) housekeeping closets, and** **(5) laundry area.**
	3/30/17	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds for three months of community as a component of the preventative maintenance program to ensure exhaust fans are operating effectively. Issues identified during the rounds will be documented and resolved.

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	3/30/17	**D. With respect to how the plan of correction will be monitored:** The ED or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur. The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed in the leadership meetings and action initiated if required.