STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039001	A. BUILDING: **01** B. WING _____	R **07/18/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE FAC	**6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565**

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 7-18-2017. Several deficiencies were not corrected. Further action is required.	{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; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to meet Licensure Rule requirements in effect at the time of change of use from a School to a Home for the Aged. Findings on August 31, 2016: Records indicate this facility was originally constructed as a school and was first licensed as a Home for the Aged on July 1, 1981. The Home for the Aged Minimum and Desired Standards and Regulations effective January 1, 1977 (C. 3.	{C 101}		

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{C 101}	Continued From page 1 h (1)) state all corridors shall have smoke doors and smoke partitions extending from floor to roof deck and building outer wall to outer wall at distances not to exceed 150 feet. Observation of the wall extending from the cross corridor doors up to the roof deck and outer walls revealed the partition is not sealed at the top where the wall meets at the bar joists and at the roof decking. Findings on 7-18-2017: Fiberglass insulation had been stuffed into most but not all openings above and through the wall. Fiberglass insulation does not provide the required fire resistance and is not a complete fix.	{C 101}		
{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 observations, the facility has not maintained the building and furnishings clean and in good repair. Findings on 8-31-2016 and 7-18-2017: k- In the combined Men's/Women's Bathroom, the following items need attention: 1- The silvering on the mirror is damaged. 2- The toilet Paper holder is missing.	{C 164}		

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{C 164}	Continued From page 2 l- In the Women's Main Bathroom, the following items need attention: 3- The tissue holders are missing parts. Additionally, toilet paper holders had parts missing or were completely missing throughout the facility.	{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 observations, the facility has failed to maintain the building free of hazards. This could injure building occupants as the oxygen containers could fall over, damaging the cylinder or nozzle. Findings on 7-18-2017: a. There were 12 tall oxygen cylinders stored in cardboard delivery boxes in Room 11. b. There were 13 tall oxygen cylinders stored in beverage crates. New finding on 7-18-2017: 2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become	{C 166}		

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{C 166}	Continued From page 3 contaminated.	{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: 2. Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents by allowing the possible spread of smoke beyond the compartment of origin. Findings on 7-18-2017: a. The door to bedroom 6 was propped open and will not latch when closed. b. The door to the shower room across from room 15 will not latch when closed. c. The door to the tub room across from room 15 will not latch when closed. d. The right side door to the dining room will not latch when closed. e. The right side door to the dining room does not fit the opening properly to be resistant to the passage of smoke. f. The left side door to the dining room does not fit the opening properly to be resistant to the passage of smoke. g. Unrated foam was used to seal a hole through	{C 189}		

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{C 189}	Continued From page 4 the corridor wall above the corridor ceiling. 3- Based on observations, the facility has failed to maintain the building electrical system safe and operating. Findings on August 31, 2016: a- In the kitchen, approximately 1/2 of the florescent bulbs were missing the protective sleeve that is required when florescent bulbs are installed over food preparation areas. Finding on 7-18-2017: There were 7 flourescent tubes missing the protective sleeves.	{C 189}		