STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**08/17/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 and Billy Bryant on 08/17/2017: This facility was first licensed for licensure on 08/01/1988. This facility is currently licensed for 120 Beds including a 36 Bed Special Care Unit. Therefore, this 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 1978 (Revision 9) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction is requird.	C 000		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained in a safe condition the securement of the corridor handrails. This could affect all residents by disrupting grasping support. Findings on 08/17/2017: The corridor handrail is loose adjacent to Room 54.	C 148		

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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 has not maintained the wood finishes of the interior doors in good repair. Findings on 08/17/2017: The following interior doors are scratched, delaminating veneer and damaged edges: (a) Mopsink Closet in the Main Kitchen (b) Room 40	C 164		
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, this facility has not	C 189		

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C 189	Continued From page 2 maintained the sprinkler system riser components. This could affect all residents and staff in the event of a fire. Findings on 08/17/2017: The sprinkler riser accelerator gauge is not indicating accurate pressure readings. 2-Based on observation, this facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 08/17/2017: The following doors are out of adjustment and do not latch: (a) Bathroom door adjacent to Room 8 (b) Room 20 (c) Cross corridor door adjacent to Room 67 3-Based on observation, this facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured cylinder. Finndings on 08/17/2017: There are oxygen bottles in Room 68 that are not secured to the structure or stored in approved racks. 4-Based on observation, this facility has not maintained the building fire safety equipment for the containment of fire and/or smoke in the room of origin. This could affect all residents and staff in the event of a fire. Findings on 08/18/2017:	C 189		

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C 189	Continued From page 3 The fire-rated doors at the following locations are wedged that obstruct the doors from closing and latching unless they are removed by staff: (a) Laundry/Corridor Entry Door (b) Laundry Room Hall Door 5-Based on observation, this facility has failed to maintain 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 08/17/2017: The emergency wall light did not illuminate when tested in the emergency mode located in the Living Room adjacent to Room 10. 6-Based on observation, this facility has failed to maintain the magnetic holding devices at the cross-corridor doors. Findings on 08/17/2017: The magnetic wall mount holding device is not secured to the wall that is located adjacent to the Canteen Room. 7-Based on observation, the facility has not maintained electrical ground-fault protection in wet areas. Findings on 08/17/2017: The GFCI receptacle that is located in the #2 HALL Women's Bathroom is broken and cannot be tested.	C 189		