STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL076003	A. BUILDING: **01** B. WING _____	**09/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSS ROAD RETIREMENT COMMUNITY	**1302 OLD COX ROAD ASHEBORO, NC 27203**

(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 Billy S. Bryant and Suzanna Fay conducted on 09/13/2017. Records indicate this facility was first licensed on 08/01/1986. The facility is currently licensed for 152 Beds including a 40) Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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:	C 101		

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C 101	Continued From page 1 1. Based on observation there is a failure to maintain the facility in compliance with the North Carolina State Building Code when last renovated or altered. This could delay or impede exiting if the 'Special Locking Arrangements' are not provided with a reliable on/off emergency release switch which does not depend on relays or other electronics. Finding on 09/13/2017: a. Special Care Unit - The exit doors doors for the S.C.U. have magnetic locks and are provided with a key pad and an emergency release switch. The current emergency release switches are momentary switches in that they re-lock the doors after an approximately 30 second delay after manual activation.	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 observation the building ceilings are not in good repair. Findings on 09/13/2017: a. Assisted Living Resident Laundry - At the exhaust fan the ceiling finish is peeling due to moisture damage.	C 164		

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C 164	Continued From page 2 b. Assisted living Nurses' Station# 2 - At the ceiling mounted light the ceiling finish is peeling.	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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 09/13/2017: a. North Hall - One leaf of the cross corridor doors did not completely close and latch. b. Vending Area - The cross corridor doors did not completely close and latch and one leaf of the doors is missing the door hardware handle. c. Assisted Living Kitchen - The double doors leading into the kitchen did not completely close and latch. 2. Based on observation there is a failure to	C 189		

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C 189	Continued From page 3 maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on 09/13/2017: a. North Hall Storage Room - A displaced fire sprinkler head escutcheon has created a gap in the fire resistant rated ceiling and there is an approximately 2" diameter hole in the ceiling. b. S.C.U. House keeping Closet at Nurses' Station - There is a gap in the fire resistant rated ceiling at the exhaust grille. c. S.C.U. Riser Room - A fire sprinkler head escutcheon has dropped down creating a gap in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe. d. S.C.U. Storage Room - A displaced fire sprinkler head escutcheon has created a gap in the fire resistant rated ceiling. e. Assisted Living Storage Rooms - There is a gap in the fire resistant rated ceilings in all the storage rooms where the new light fixtures were mounted. f. Assisted Living Resident Laundry Utility Room - There is a gap in the fire resistant rated ceiling where the new light fixture was mounted. g. Assisted Living Nurses' Station #2 - There is a gap in the fire resistant rated ceiling at the ceiling mounted smoke detector. h. Assisted Living Library - A fire sprinkler head escutcheon has dropped down creating a gap in	C 189		

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C 189	Continued From page 4 the fire resistant rated ceiling where it is penetrated by the sprinkler pipe. j. Resident Care Coordinator - There is a gap in the fire resistant rated ceiling where at the former location where a light fixture was mounted. i. Exterior Entry Sprinkler Room - Along the perimeter of the room there is a gap between the room walls and the fire resistant rated ceiling. j. Exterior Entry Sprinkler Room - There is an approximately 12"x12" hole in the gypsum board wall. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Finding on 09/13/2017: a. S.C.U. The wall mounted emergency light across form the sprinkler room did not illuminate when tested on battery power.	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;	C 199		

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C 199	Continued From page 5 (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 the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Finding on 09/13/2017: a. North Hall - The central exhaust system for the entire hall is not operating.	C 199		