STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	**09/27/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD HOME ROAD** **PINK HILL, NC 28572**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Billy S. Bryant conducted on September 27, 2017. Based on information gathered from our files, the Facility was first licensed on October 10, 1990 for Sixty (60) residents. A fully sprinkled addition was completed and licensed on February 1, 1996, making a total of Ninety-Four (94) Residents including Thirty-Two (32) Special Care Beds. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	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	C 101		

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C 101	Continued From page 1 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 did not meet the licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Findings on September 2017: a. The SCU was relocated from the 300 Hall to the 200 Hall. The maglock system for the SCU did not have a master manual override. b. There was not a schematic diagram for the maglock system posted at the fire alarm panel.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain current sanitation and fire and building safety inspection reports. Findings on September 27, 2017: a. The current building sanitation inspection was dated August 22, 2016. b. The kitchen sanitation inspection report was not available for review.	C 111		

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C 111	Continued From page 2 b. There was not a current fire alarm system inspection report available for review.	C 111		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observations, the exterior grounds were not maintained in a clean condition. Findings on September 27, 2017: a. Exit at Activity Room - there is a large section, approximately 24", of the exterior soffit that has fallen out leaving a hole for pests to enter the overhang.	C 160		
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. Observations revealed that the walls and	C 164		

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C 164	Continued From page 3 furnishings were not maintained in good repair. Findings on September 27, 2017: a. Room 116 - the door hardware was loose. 2. Observations revealed that the ceilings were not maintained clean and in good repair. Findings on September 27, 2017: a. Janitor closet by Guest bath - there are large brown water stains from a prior roof leak on the wall and ceiling around the exhaust fan and in the back corner. b. Kitchen - there are large patched areas on the ceiling that have not been sanded and painted.	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 observation the facility was not maintained free from hazards. Oxygen bottles that are improperly stored without any means of restraint to keep them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 27, 2017: a. Administrative Office had one unrestrained oxygen tank. The tank was removed at the time	C 166		

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C 166	Continued From page 4 of survey. b. Copier Room had three unrestrained oxygen tanks and the other tanks were stored in an inappropriate container. c. 200 Hall Janitor Closet - the oxygen bottles were stored in a plastic beverage rack. 2. Based on observation there is a failure to maintain the facility free from hazards. Padlocked rooms or areas pose a risk of entrapment. Findings on September 27, 2017: a. The kitchen freezer unit had a hasp latch with a padlock. The padlock was removed at the time of survey. 3. Observations revealed that the flooring was not maintained in good repair and free of hazards. Findings on September 27, 2017: a. Room 310 - the carpet is unraveling down the middle of the room creating a trip hazard. b. 200 Hall, Med tech room - the carpet at the entry is heavily damaged creating a trip hazard. c. Room 207 - the carpet is unraveling in the bedroom creating a trip hazard.	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)	C 189		

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C 189	Continued From page 5 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 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 September 27, 2017: a. Room 105 - there is a gap around the heat detector in the bathroom. b. Room 108 - the is a small hole at the nurse call light. c. Room 115 - there is a gap in the ceiling at the nurse call light. d. Main Electrical room: 1) The ceiling is damaged and there are mildew stains at the first electrical panel. 2.) There is a large hole in the ceiling where the freezer condensate lines penetrate. 3.) There is damage to the ceiling at the heat detector leaving a large hole. 4.) There are open penetrations for the electrical conduit at the second electrical panel. 5.) There is an open cable penetration at the Galaxy control panel. e. 300 Hall lobby by curved wall - one of the sprinkler head escutcheon plates has dropped leaving a gap at the ceiling. 2. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain ground fault circuits is an operating manner could effect the safety of the residents, staff and visitors. Findings on September 27, 2017:	C 189		

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C 189	Continued From page 6 a. Room 110 Bath - the GFCI outlet did not trip when tested. b. Bath 3A - the GFCI outlet did not work when checked with a GFCI tester. c. Old dining room at 300 Hall - the GFCI outlet to the left on the counter is broken. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect the safety of the occupants of the facility. Findings on September 27, 2017: a. Room 116 - the heat detector was not secure to its base. b. Room 115 - the heat detector is missing from its base. c. The kitchen range hood suppression system did not have an inspection tag. d. Exit by Room 310 - the exterior sprinkler head is completely covered in spider webs and debris. There is a 1/2" hole in the soffit at the sprinkler head. It appears that the escutcheon plate is missing as well. e. Water heater room at 300 ramp - the flange around the sprinkler head is broken and no longer covers the penetration for the sprinkler head. f. Water heater room at 300 ramp - there are open penetrations at the piping and the ceiling is damaged. 4. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. The absence of the plumbing safety devices or equipment could cause the domestic water supply to become contaminated. Findings on September 27, 2017:	C 189		

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C 189	Continued From page 7 a. 100 Hall HC bath adjacent to janitor's closet - the shower does not have a vacuum breaker. b. Kitchen - the drain line for the icemaker was not over the drain and it did not have a minimum 1 1/2" air gap. 5. 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 exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 27, 2017: a. Beauty Parlor - the corridor door catches on the frame and does not close and latch. b. Room 200 - the corridor door does not latch when closed. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Fire resistant rated cross corridor doors are required to close completely and latch in the event of a fire to help limit the spread of smoke and/or fire to the area of origin. Findings on September 27, 2017: a. The fire door separating the 300 was propped open and did not close during the fire alarm. Further observation revealed that the door and wall magnetic catches did not align and did not allow the door to stay open. b. 300 Hall - none of the cross corridor doors latched when the fire alarm was activated. c. 300 Hall - the latching hardware was missing from right leaf of the cross corridor door by Room 302 and the wall magnet is loose.	C 189		

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C 189	Continued From page 8 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain emergency lighting in operating condition could effect occupants of the facility by not providing adequate lighting and direction in the dark. Findings on September 27, 2017: a. Activity Room - the exit light/sign did not light on battery backup. b. The exit lights at the cross corridor doors by Room 304 are not working. c. 300 Hall Living room - the emergency light is not working properly. d. 200 Hall - the exit light at the cross corridor doors outside of the janitor closet was not lit. 8. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress must not be blocked. Findings on September 27, 2017: a. There was a mattress partially blocking the path of egress from the exit by Room 310.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing	C 195		

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C 195	Continued From page 9 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the water temperature was not maintained between 100 and 116 degrees F at all fixtures used by residents. Findings on September 27, 2017: a. 200 Hall - the water temperature readings at two locations were 118 degrees F and 120 degrees F.	C 195		
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; (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. Observations revealed that the facility did not provide exhaust ventilation in required areas at the rate of two cubic feet per minute per square	C 199		

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C 199	Continued From page 10 foot. Findings on September 27, 2017: a. Room 110 Bath - the fan was not working when tested with a thin sheet of plastic. b. Laundry Room - the exhaust fan was not working at the time of survey. c. 300 Hall right side janitor/housekeeping closet did not have an exhaust fan. d. 200 Hall Utility room - the exhaust fan was not working at the time of survey. e. Room 207 Bath - the fan was not working and the cover was askew leaving an opening in the ceiling.	C 199		