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
	HAL013006	A. BUILDING: 01 B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDREWS LIVING CENTER	246 CABARRUS WEST CONCORD, NC 28025

(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 on 10/06/2017: This facility was first licensed on 02/02/1987 for Twenty-Four (24) residents. An addition constructed in 1996 increased the total resident capacity to Fifty- Six (56) Beds. Based on this information, we are requiring the original facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, 1978 North Carolina State Building Code (Rev 8), Section 409- Institutional Occupancy- Unrestrained and the 32-bed addition to meet the 1996/Applicable 2005 Rules for the Licensing of Adult Care Homes and the 1991 North Carolina State Building Code (1995 Rev), Section 409.1 Institutional Occupancy, Unrestrained. Deficiencies have been cited and a Plan of Correction is required.	C 000	Removed the door stops to prevent the doors from being wedged open. Met with Kitchen STAFF and explained the Dangers of propping doors open. Also have contacted our Fire System Company to contract to install magnetic door closures, once confirmed through DHSR, Magnetic Closures will be installed to code.	10/20/17
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 maintained the interior doors in order to prevent	C 189		

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C 189	Continued From page 1 the containment of fire and/or smoke in the room of origin in a safe condition. Findings on 10/06/2017: There are Kitchen doors that open into the exit acces corridor that were wedged open. This condition would allow the passage of fire and/or smoke. 2-Based on observation, this facility has failed to provide fire protection in all electrical ceiling penetrations through the fire rated roof/ceiling assemblies in a safe condition. Findings on 10/06/2017: There is a opening in the double layer sheetrock ceiling that is above the water heater which is in the Janitor Closet/100 Hall that is not fire protected.	C 189 2	Repaired the Hole in ceiling and caulked with Fire Rated Caulking. Photos Attached. Also are going through Building and attic looking for any other penetrations through fire rated walls, ceilings etc.	10/20/17


Hole
Repair


Drop ceiling
Replaced