STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	1942 VAN HAVEN DRIVE STATESVILLE, NC 28625

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Billy S. Bryant and Dennis Harrell conducted on 09/21/2017. Records indicate this facility was first licensed on 10/11/1996. The facility is currently licensed for 60 Beds. 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 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000	Disclaimer The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POA with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider's policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
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. The facility failed to have current (within the calendar year) required inspection report maintained on site for review by the surveyor. Finding on 09/21/2017: a. A current fire sprinkler system inspection report was not available for review at the time of the survey.	C 111	The provider believed it was in compliance with maintaining annual records of current sanitation, fire and building safety, sprinkler system inspection, and fire alarm system inspection reports. The facility has policies and procedures designed to maintain current availability of these records. QAA audits and various quality assurance measures are examples of the components utilized. Action Plan: Corrective Action: The previous sprinkler inspection report was dated September 19, 2016. The annual inspection for September 2017 was scheduled for and completed on 9/27/17. (See Attachment #1). Findings fixed by vendor on 10/03/17. (See Attachment #1A & 1B). Id of Other Areas: Other required inspection reports were reviewed during survey for applicable timeframes. No other concerns noted.	10/03/17
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kim Bridgeman	Administrator	10/25/17

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C 164	Continued From page 1 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's ceiling was not maintained in good repair. Finding on 09/21/2017: a. Breakroom - The ceiling is damaged from a sprinkler leak. 2. Based on observation the building's wall was not maintained in good repair. Finding on 09/21/2017: a. Housekeeping Closet - There is an approximately 10"x10" hole in the wall just above the mop sink.	C111	Continued from page 1 **Measures:** The Maintenance Director amended the, already established, tickler file to include a specific day of the month rather than just the month. **Monitoring:** The Maintenance Director will continue to contact all inspectors or contractors with a courtesy reminder, at least 30 days prior, if an upcoming inspection has not already been scheduled by the inspector/vendor.	
		C 164	The provider strives to ensure that all ceilings, walls, and floors are in good repair. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized. **Action Plan:** **Corrective Action:** The break room ceiling was repaired by an outside vendor on 10/2/17. (See Attachment 2.) The hole in the housekeeping closet wall was repaired by maintenance on 10/4/17. **ID of Other Areas:** The Maintenance Director inspected all facility ceilings, walls, and floors from 9/22/17 – 10/2/17 addressing any concerns that were identified. **Measures:** The Maintenance Director added to the preventative maintenance check sheet a monthly inspection of walls, ceilings, floors, and furniture to enhance PM monitoring and to assist with potential repair needs. Department managers will assist in conducting monthly building inspections. **Monitoring:** Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	10/4/17
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:	C 166	The provider strives to maintain the facility in an uncluttered, clean, and orderly manner, free of all obstructions and hazards. The facility has policies and procedures designed to maintain these goals. Routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the components utilized.	10/2/17

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C 166	Continued From page 2 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were stored without any means of restraint to keep them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 09/21/2017: a. Room #44 - An oxygen bottle was sitting upright on the floor. Note: The bottle was removed from the room while the surveyors were on site. b. Resident Care Coordinator - An oxygen bottle was sitting upright on a file cabinet. Note: The bottle was removed from the cabinet while the surveyors were on site. 2. Based on observation the facility was not maintained free from hazards due to having a type of lock on a door that cannot be unlocked from inside. This could affect staff if they were accidentally locked inside without the room without any means to exit. Finding on 09/21/2017: a. Kitchen - A hasp type lock has been installed on the door of the pantry.	C 166	Continued from page 2 **Action Plan:** **Corrective Action:** The oxygen cylinder storage was corrected on the spot. The empty cylinders were immediately removed from Room #44 and the RCD office and secured in cylinder storage holders. The kitchen pantry door lock was replaced by maintenance on 10/02/17 with a lock that can be opened from the inside. (See Attachment 3.) **ID of Other Areas:** The Maintenance Director and Resident Care Director inspected on 9/22/17 all facility areas where oxygen is used and/or stored, with no other concerns noted. The Maintenance Director inspected all doors on 9/25/17 to assure that all doors with locks could be opened from the inside. No other concerns identified. **Measures:** Staff members were re-educated on 9/22/17 by RCD regarding proper oxygen storage. Department Managers were educated on 09/21/17 by Director of Operations regarding rules concerning door locks and means of exit. **Monitoring** The Resident Care Director, Supervisors and Medication Technicians are responsible for monitoring to assure that oxygen tanks are stored properly. The Maintenance Director is responsible for assuring that any future lock replacements are in compliance.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F ..0311 OTHE R 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	C 189	The provider strives to ensure that the building, along with all fire safety, electrical, mechanical and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized. **Corrective Action:** 1. a. - f. Referenced doors were adjusted by outside contractor on 10/02/17 & 10/03/17 to close, shut and latch. (See Attachment 4.)	10/3/17

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C 189	Continued From page 3 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. Smoke resisting cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 09/20/2017: a. Kitchen Door to Dining Room - When the door was closed it did not latch to remain shut. b. Kitchen - When the fire resistant rated door that opens to the corridor was closed it did not latch to remain shut. c. Laundry - When the fire resistant rated door that opens to the corridor was closed it did not latch to remain shut. d. Housekeeping Across from Room #34 - When the door that opens to the corridor was closed it did not latch to remain shut. e. Sunroom - When the door that opens to the corridor was closed it did not latch to remain shut. f. Corridor - Adjacent to the employees breakroom one leaf of the double cross corridor doors contacted the other door preventing from it from completely closing and latching to remain shut.	C 189	Continued from page 3 2. a. Gaps at the top of referenced resident room doorframes between the door and the door stop were adjusted on 10/02/17 & 10/03/17 to resist the passage of smoke. (See Attachment 4.) 3. a. & b. The referenced emergency lights were replaced in their entirety on 10/02/17 and are functioning properly. (See Attachment 5.) 4. a. The referenced exit sign batteries were replaced on 09/29/17 and are functioning properly. (See Attachment 6.) 5. a. & b. Both outlets were repaired on 09/29/17. (See Attachment 5.) 6. a. Items in the RCD closet were removed on 09/21/17 to allow a minimum of 18" between the fire sprinkler head and stored items. ID of Other Areas: A thorough inspection of remaining smoke barrier doors, resident room doors, emergency lighting, exit lighting emergency power source, GFCI outlets, and clearance space in relationship to sprinkler heads and storage areas was conducted from 9/22/17 through 09/29/17 by the Maintenance Director to ensure no other unidentified findings. Additional doors were adjusted on 09/29/17 and 10/03/17. Measures: The Maintenance Director added a monthly inspection to the preventative maintenance check sheet to enhance monitoring walls, ceilings, floors, and furniture, to assist with potential repair needs not identified by a maintenance request slip. Department managers will assist in conducting monthly inspections. Monitoring: Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	

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C 189	Continued From page 4 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on 09/21/2017: a. Resident Rooms #2, #3, #8 and #12 - There are gaps of approximately ¼" or larger at the top of the frame between the door and the door stop. 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. Findings on 09/21/2017: a. Corridor Adjacent to Room #41 - When tested on battery power the wall mounted emergency light did not illuminate. b. Dining Room - All three of the wall mounted emergency lights did not illuminate when tested on battery power. 4. 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 exit signs indicating the location of exit paths could not be seen in the event of an emergency evacuation. Finding on 09/21/2017: a. Cross Corridor Doors Adjacent to Break Room - The exit sign above the doors did not operate when tested on battery power. 5. Based on observation electrical equipment has not been maintained in a safe manner. Failure to			

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C 189	Continued From page 5 maintain electrical equipment is a safe manner could effect the safety of person exposed to the unsafe condition. Findings on 09/21/2017: a. Kitchen - At the dishwasher an electrical outlet has detached from the wall exposing the wiring. b. Resident Bath "A" - The wall mounted GFCI at the sink did not function when tested. 6. 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 occupants of the facility if the equipment did not operate properly to provide the required protection function. Findings on 09/21/2017: a. Resident Care Coordinator - A minimum 18" between the fire sprinkler head and items stored on shelf was not maintained so that water flow from the sprinkler head could be impeded.			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F ..0311 OTHE R REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	C 191	The provider strives to maintain a safe environment. The facility has policies and procedures designed to maintain these goals. Routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are examples of the many components utilized. **Action Plan:** **Corrective Action:** The portable electric heater in the business office was removed from the building while the surveyor was on site. **ID of other areas:** The Maintenance Director conducted a thorough inspection of the facility on 09/22/17 to assure no	9/22/17

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C 191	Continued From page 6 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 building was not in compliance with the rule prohibiting portable electric heaters. Finding on 09/21/2017: a. Business Office - There was a portable electric heater in the room. Note: The heater was removed from the building while the surveyors were on site.	C 191	Continued from page 6 other portable heaters were in the building. None were present. **Corrective Measures:** The corporate Director of Operations educated Department Managers regarding the rule prohibiting portable electric heaters on 9/21/17. The Maintenance Director added a quarterly inspection to the preventative maintenance check sheet to monitor. **Monitoring:** Maintenance Director and other Department Managers will conduct monitoring as part of routine rounds. Negative findings will be reported to the Administrator and discussed, when appropriate, during the quarterly QAA meeting.	