STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019020	A. BUILDING: 01 B. WING _____	R 10/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA MEADOWS FAIRWAYS	700 A CAROLINA MEADOWS CHAPEL HILL, NC 37517

(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on October 12, 2017. Deficiencies were cited that will require a new Plan of Correction.	{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: New Deficiency identified on October 12, 2017 Based on observation, the faciity does not meet Building Code requirements in effect at the time of recent alteration. Finding on October 12, 2017. a. 700 Bldg 1st Floor Exercise Room - the corridor door was removed. This is not in conformace with Code requirement for spaces to be separated from the corridor by	C 101	a. The door was reinstalled to the exercise room and a door hold connected to the fire system is to be installed by vendor. Date for connection to fire panel tbd by vendor. Periodic checks will ensure conformance of code by maintenance personnel and safety committee.	10/27/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/30/17

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C 101	Continued From page 1 smoke resisting walls and doors or to be protected by automatic smoke detection in accordance with 2012 NCSBC Section 407.2.	C 101		
{C 185}	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on October 12, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	{C 185} C185	1. a. We will continue with quarterly fire rehearsals and provide a more intensive training in regards to what happens during the rehearsal to account for weaknesses/opportunities. The form will also be edited to include an area for more details. The completed form will be submitted to the LSM/administrator for review. Rehearsals will also be reviewed in quarterly safety meetings for ways of improvement.	11/1/17
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

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{C 189}	Continued From page 2 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.	{C 189}		
	This Rule is not met as evidenced by: New Deficiency identified on October 12, 2017: 9. Based on observation and interview with Maintenance Staff, the Fire Alarm system was not maintained in a safe and operating condition. Findings on October 12, 2017 b. Direct observation of the Fire Alarm Control Panel (FACP) revealed it was showing/sounding a trouble signal. Interview with Facility Maintenance Staff said revealed the trouble was a smoke detector was impaired and the FACP service company will be there 10/13/2017 to repair the system.	C189	9. b. When the fire panel indicates/ sounds a trouble, maintenance is called for first line troubleshooting efforts by administrative staff. Maintenance is to assess and repair if possible, if not, maintenance personnel is to contact our vendor for repair and reset of the system. Maintenance personnel assessed on the 12th and had to contact vendor for repair on the 13th.	10/13/17
	5. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in Room of origin. Findings on October 12, 2017: c. 700 Bldg 1st Floor Mechanical Room - the corridor door (1 Hr rated, self-closing) did not latch into its frame, on its own power.		5c. Door was repaired to latch. Annual check during fire safety inspection by our maintenance staff or safety team will monitor for doors that do not latch. When found a work order will be generated and submitted for repair. A log of requests will be maintained within the work order system.	10/27/17
	7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 12, 2017: a. 700 Bldg 2nd Floor Restroom near Spa- the ground-fault circuit-interrupter (GFCI) electrical		7. An annual inspection format to test GFCIs was established in September	

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{C 189}	Continued From page 3 power receptacle did not trip with a push of the test button and when tested with a circuit tester. b. 700 Bldg 2nd Floor Spa commode Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. c. 700 Bldg 2nd Floor Med Prep - many items are stored in front of the electrical panels, limiting the required 36-inches minimum clear working.	{C 189}	2017 to monitor for non-working GFCI and if found then generate a work order to be completed by maintenance staff and logged in work order system. a. GFCI was replaced and noted to work. b. GFCI was reset and noted to work. c. Flooring near electrical panels was taped off for restricted use. Items stored near panels were removed. The safety team will monitor for intact floor taping for 36 inches near electrical panels on an annual basis. Any note of items blocking the panels will be removed or a work order will be submitted for removal.	10/27/17 10/27/17 10/19/17