STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049028	A. BUILDING: **01** B. WING _____	**12/07/2017**

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AURORA OF STATESVILLE	**1902 ORA DRIVE STATESVILLE, NC 28625**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 12-7-2017. Records indicate this facility was first licensed on 4-2-1990 as a HA and an addition of a Special Care Unit was licensed on 5-12-1994. This facility is currently licensed for 80 Beds including a 28 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1987 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1978 and the 1991 Edition, of the North Carolina Building Code(s), Institutional Occupancy.	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: 1. Based on observation, the facility failed to	C 101		

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C 101	Continued From page 1 meet the requirements of the NC State Building Code in effect at time of alteration. The Building Code permits the installation of Special Locking (magnetic locks) on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. Finding includes: The entire facility was equipped with Special Locking on all the exits and there were not any fire detection devices in the closets throughout the unsprinklered older side. Review of DHSR Construction Records show a record of approval(s) from an installation project which occurred in 2011 However, the original project was for the special care unit only and abruptly added additional locks to the unsprinklered older side midway through. There is no record if the automatic fire detection coverage of the unsprinklered building was addressed. 2. Based on observation, the facility failed to meet the requirements of the NC State Building Code in effect at time of construction or alteration regarding the combustion air requirement for fuel fired applicances. Finding includes; There is a large commercial type gas dryer in the laundry and no make up air inlet(s) is/are provided. There used to be a vent cut through the 20 minute fire rated door to the laundry. A vent is not allowed in a door required to resist the passage of smoke, and had been previously closed with plywood in the opening.	C 101		

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C 111	Continued From page 2	C 111		
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. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in 2-9-2016. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent Fire alarm inspection cited that 2 batteries needed to be changed. There was no subsequent documentation to indicate this required maintenance had been performed. 3. Based on a review of documents, the most recent Sprinkler system inspection cited several deficiencies. There was no subsequent documentation to indicate the deficiencies had been corrected. Deficiencies include; a. Gauges due to be recalibrated or replaced. b. Five year internal pipe and check valve inspection due. c. All quick response heads are over 20 years old with no record of testing or replacements.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT	C 133		

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C 133	Continued From page 3 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the shower in room 12.	C 133		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: Based on observation, handrails were loosely mounted on exterior egress ramps. Findings include; a. The handrail was loose at the corner of the ramp exterior to room 1. b. The handrail was loose at the corner of the ramp exterior to room 29.	C 152		
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	C 166		

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C 166	Continued From page 4 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. A large medical oxygen cylinder was stored in no rack in the basement. b. A portable medical oxygen cylinder was stored in no container or rack in room 36. Note; This deficiency was corrected during the survey. 2. Based on observation, the required 6 month inspection for the range hood fire suppression system was due in September. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding includes; Items had been stacked all the way to the ceiling in the sprinkler riser room. 4. Based on observation, a new fryer had been added in the kitchen under the range hood. However no fire suppression nozzle had been installed to protect the newly added fryer. 5. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in the RCD office. Extension	C 166		

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C 166	Continued From page 5 cords are intended for temporary use only and 2 wire lamp type extension cords must never be used.in Institutional Occupancies	C 166		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: Based on observation, electrical outlets in potentially wet locations were not provided with ground fault circuit protection. Finding includes: A receptacle less than 2 feet from the sink in the new side dining room was not GFCI protected.	C 188		
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, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit	C 189		

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C 189	Continued From page 6 signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign in the stairway from Special Care was not illuminated. b. The exit sign in the courtyard above the gate was not illuminated. 2. Based on observation, the battery powered combination emergency light/exit sign in the corridor near room 1 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 3. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign pointing to a locked exit. Locked exits could delay or prevent an evacuation in an emergency unless all stall responsible for evacuation carry a key at all times when on duty. Finding includes; a. An exit sign in the SCU directs exiting to a locked door which leads to the Courtyard. Interview with staff revealed that most did not carry a key to the locked exit door. v. An exit sign in the corridor was pointing to a locked dining room door. 4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors near A Hall did latch when closed by the fire alarm system.	C 189		

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C 189	Continued From page 7 b. The 20 min fire rated door to the laundry has a vent, about 16 inches by 22 inches, cut through near the bottom. This fire rated door must be repaired or replaced at the direction of the local Fire Marshal or Building Inspector. c. The closers for the double doors to the dining room in Special Care are connected to the fire alarm system. One of the closer arms had been removed and the door would not close or latch when activated by the fire alarm system. d. The door to room 31 was hard to open. e. The door to bedroom 9 was propped open. f. The door to reception office was equipped with a mechanical kick-down to hold it open. g. The door to laundry was equipped with a mechanical kick-down to hold it open. h. The doors to rooms 15, 23 and 29 will not latch when closed. i. The doors to rooms12, 23, 25 and the shower room on A Hall do not fit the opening properly to be resistant to the passage of smoke. j. There are holes beside the latchset through the doors to rooms 30 , 31, SCU Activity and the sprinkler riser room. 5. Based on observation, the warning devices, "screamers," protecting the emergency release switches at exits were not working at several locations. Malfunctioning warning devices could allow resident elopement. Malfunctioning warning devices are located at; a. Courtyard, b. SCU dining room, c. SCU activity room, d. Central release switch in SCU. 6. Based on observation, the ceiling radiation damper in the exhaust in the employee bathroom on A Hall was very dirty. Radiation dampers that are not periodically inspected and cleaned may	C 189		

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C 189	Continued From page 8 not close properly in the event of a fire.	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; (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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan provided would not work in the laundry.	C 199		