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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080001	A. BUILDING: 01 B. WING	12/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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 Construction Section Biennial Survey by Ed Miller conducted on December 12, 2017. Records indicate that this facility was first licensed on October 6, 1972, for 53 beds. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code for Group D-2 Institutional, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a 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;	C 101	Brandi Roberts 2-8-18 Administrator	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility does not meet Code at the time of construction or alteration. e. Attic (access in Laundry) - the kitchen hood's exhaust duct is within 18 inches of combustible material. It is wrapped with insulation that does not have a fire-resistance-rating label, therefore it is unknown if this clearance may be reduced because of the wrap.	C 101	(2) e. Kitchen hood was cleaned. Insulation was replaced with fire-resistant-rating insulation.	12/28/2018
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 record review, and interview with Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on December 13, 2017: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor.	C 111	(1) a. Administrator contacted local fire marshal to perform annual fire inspection. Fire marshal inspected on 02/06/2018.	02/06/2018
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are:	C 132		

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C 132	Continued From page 2 (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all Bathrooms are designed to provide privacy when there is more than one commode and at the tubs and showers. Findings on December 12, 2017: a. All Group Bathrooms - there are no privacy curtains for the commodes. b. All Group Bathrooms - there are no privacy curtains for the showers and tubs.	C 132	(1) a. Privacy partition walls were built between group bathroom toilets b. Privacy curtain placed in front of shower. A curved commercial rod and curtain was installed for privacy for the bathtubs.	01/04/2018 01/10/2018
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; (c) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on December 12, 2017: a. Housekeeping near Laundry - the required	C 164	(1) a. Exhaust fan was replaced in the housekeeping closet near the laundry.	01/05/2018

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C 164	Continued From page 3 exhaust ventilation system is not removing any air.	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 Building was not maintained free of hazards, if oxygen cylinders fall breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on December 12, 2017: a. Oxygen Room - two portable medical oxygen cylinders are stored standing up on the floor and are not secured. b. Oxygen Room - two portable medical oxygen cylinders are stored sitting on the counter and are not secured. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. Findings on December 12, 2017: a. Restroom near Dining South Hall - the commode is missing its tank lid. b. Restroom near Dining South Hall - the connection of the commode to the floor is loose. c. Restroom near Dining South Hall - the commode is stopped-up.	C 166	(1) a. Portable oxygen cylinder are being monitored daily to ensure secured storage. (2) a. Tank lid was replaced on South Hall commode. b. Commode down South Hall was tightened to the floor. c. Commode on South Hall was unstopped.	12/12/2017 02/04/2018 02/04/2018 12/12/2017

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C 185	Continued From page 4	C 185		
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 Director/ Technician/Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. This deficiency affects all by not having trained staff and trained/cooperative residents when there is a need to evacuate the building. Findings on December 13, 2017: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. b. In the 3rd and 4th quarters for the last 12 months, no rehearsal were performed. 2. Based on Record review and interview with Maintenance Technician the Facility failed to document all aspects of the fire plan rehearsals. Findings on December 13, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to	C 185	b. Administrator will ensure that fire rehearsals are rehearsed quarterly on each shift. c. Administrator will maintain copies of fire rehearsals including date, time, shift, staff present and description of the rehearsal. a. Fire rehearsal took place for 2nd shift on 02/06/2018 b. Fire rehearsal took place on 3rd shift on 02/06/2018	02/06/2018 02/06/2018 02/06/2018

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C 185	Continued From page 5 no description of what the rehearsal involved.	C 185		
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall would not close and latch to restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on December 12, 2017: a. Firewall near Bedroom B16 - the cross-corridor door, in the firewall, did not close completely close and latch because it hits the frame. 2. Based on observation, the building's fuel gas piping is not the correct material and may not be safe. Findings on December 12, 2017: a. Kitchen - the piping supplying the gas stove, exiting from the ceiling appears to be CPVC piping, which is not approved for gas service. 4. Based on observation, the Building was not	C 189	(1) a. Firewall door was repaired and will close completely and latch.	12/28/2017
			(2) a. The CPVC pipe is not a gas line it is a protected covering over the copper gas line.	12/28/2017

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C 189	Continued From page 6 maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on December 12, 2017: a. Kitchen - since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in July 2017, there has been no documentation of the in-house monthly inspections. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or Compartment of origin. Findings on December 12, 2017: a. Bedroom A6 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Bedroom A6 Closet - there are gaps around two new waterlines not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Bedroom B20 Closet - there are gaps around two new waterlines not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Laundry - there is an eight-inch by ten-inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Attic Firewall - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated firewall assembly. g. Basement - an open pipe has had it firestopping removed as it penetrates the	C 189	(4) a. Administrator will ensure in-home inspections are performed monthly. Facility in process at this time to have a new suppression system installed. (5) a. Bedroom A6: gap around cable has fire stopped applied. b. Bedroom A6: closet gaps around waterline has fire stopped applied. c. Bedroom B20: closet gap around waterline has fire stopped applied. d. Eight-inch by ten-inch hole in laundry room was repaired. f. Attic firewall cable bundle has fire stopped applied. g. Basement: Open pipe has been fire stopped.	02/06/2018 02/02/2018 02/02/2018 02/02/2018 12/17/2017 02/02/2018 12/17/2017

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C 189	Continued From page 7 fire-resistance-rated floor/ceiling assembly. 6. Based on observations, the Building roof truss system is not maintained in a safe and operating condition. Findings on December 12, 2017: a. North Attic - a roof truss's web has broken in two and is not carrying its load. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. Findings on December 12, 2017: a. Restroom near BedroomA10 - the light fixture is missing its globe. b. Corridor near Bedroom A2 - the night light has either a missing or a broken lens. c. Corridor near Bedroom A12 - the night light has either a missing or a broken lens. d. Corridor near Day Room - the night light has either a missing or a broken lens. e. Corridor near Bedroom B30 - the night light has either a missing or a broken lens. f. Bedroom B25 - there is a multiple plug adaptor without overcurrent protection plugged into an electrical power receptacle. Deficiency corrected before Construction Surveyor departed the site. g. Side Office - an extension cord is being used to power miscellaneous equipment using a multiple plug adaptor without overcurrent protection. Extension cords cannot substitute for permanent wiring and multiple plug adaptor without overcurrent protection are not allowed. 8. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire	C 189	(6) a. North Attic: Truss web was repaired. (7). a. Replaced globe over light fixture near bedroom A10. b. Replaced night light lens near bedroom A2. c. Replaced night light lens near bedroom A12. d. Replaced night light lens near Day Room. e. Replaced night light lens near bedroom B30. f. Removed multi plug adaptor from room B25. g. Extension cord was removed from side office.	12/17/2017 01/17/2018 01/17/2018 01/17/2018 01/17/2018 01/17/2018 12/12/2017

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C 189	Continued From page 8 in the room of origin. Findings on December 12, 2017: a. Bedroom B24 - the corridor door has laundry on hangers, hanging on the corridor side of the door, blocking the door from closing and latching. b. Bedroom B24 - the corridor door's strike plate is filled up with paper towels, preventing the door from latching. c. Bedroom B16 - the corridor door has laundry on hangers, hanging on the corridor side of the door, blocking the door from closing and latching. 9. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on December 12, 2017: a. Bedroom 17 - the corridor door had a piece of furniture holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. Bedroom 18 – the corridor door had two pieces of furniture holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189	(8) a. Laundry hanging on doors were removed from doorknobs. In-serviced staff on hanging laundry on the doors and what a hazard it can be. b. Paper towels were removed from strike plate in Bedroom B24. (9) a. Furniture was removed that was holding bedroom doors open. Will continue to monitor that furniture is not used in this manner.	12/12/2017 12/12/2017 12/12/2017
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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		

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C 191	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. Based on Observation, the facility failed to prevent the use portable electric space heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on December 12, 2017: a. Side Office - a portable electric space heater found in this room.	C 191	(1) a. Portable heater was removed from side office.	12/12/2017
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 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 maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on December 12, 2017:	C 195		

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C 195	Continued From page 10 a. Bathroom across from Bedroom B20 - the sink had a hot water temperature of 85 degrees Fahrenheit.	C 195	(1) a. Mixing valve was replaced. It is a long corridor, so water will take a few minutes to run to meet water temperature requirements.	01/16/2018

INSPECTION AND TESTING FORM

DATE: 2-7-18
TIME: 9:00 AM

SERVICE ORGANIZATION
Name: INDUSTRIAL FIRE & SAFETY INC.
Address: 766 N. SOUTH ST. MT. AIRY, NC
Representative: JIM PELL
License No: 8778
Telephone: 336-789-5400

PROPERTY NAME (USER)
Name: Central Care
Address: [illegible]
Owner Contact: _____
Telephone: _____

MONITORING ENTITY
Contact: SH
Telephone: _____
Monitoring Account Ref. No: _____

APPROVING AGENCY
Contact: _____
Telephone: _____

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse
- ☐ RF
- ☑ Other (specify) Dialer

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (specify) _____

Control Unit Manufacturer: ESL
Model No: 1505
Circuit Styles: B
Serial No: _____
Number of Circuits: 5
Software Rev. C
Last Date System Had Any Service Performed: 12-16
Last Date that Any Software or Configuration Was Revised: Factory

ALARM – INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
3	B	Manual Fire Alarm Boxes
0		Ion Detectors
10	B	Photo Detectors
6	B	Duct Detectors
85	B	Heat Detectors
0		Water flow Switches
0		Supervisory Switches
		Other (Specify) _____

Alarm verification feature is disabled _____ enabled NA

FIGURE 10.6.2.3. Example of an Inspection and Testing Form

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
0		BELLS
2	B	HORNS
0		CHIMES
2	B	STROBES
0		SPEAKERS
		Other (Specify)

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
N/A		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Tranafer
		Generator Engine Running
		Other (Specify)

SIGNALING LINE CIRCUITS

QUANTITY and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 1 Style B

SYSTEM POWER SUPPLIES

A. Primary (main): Nominal Voltage 120 V Amps 8.5

Overcurrent Protection: Type Breaker Amps 20

Location (of Primary Supply Panel board): Hall main

Disconnecting Means Location: Elec. Room

B. Secondary (standby):

2 - 12 volt Storage Battery: Amp-Hr. Rating 7 Ah

Calculated capacity to operate system, in hours: ✓ 24 60

N/A Engine-driven generator dedicated to fire alarm system

Location of Fuel Storage: N/A

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☑ Sealed Lead Acid
- ☐ Lead-Acid
- ☐ Other (specify):

C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- Emergency system described in NFPA 70, Article 700
- N/A Legally required standby described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	☑	☐		
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (specify)	☐	☐		
AHJ (notified) of any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDS	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

SECONDARY POWER TYPE	Visible	Functional	Comments
Battery Condition	☑	☑	
Load Voltage		☑	
Discharge Test		☑	
Charger Test		☐	
Specific Gravity			
Transient Suppressors			
Remote Annunciators			
Notification Appliances			
Audible	☐	☐	
Visual	☑	☑	
Speakers	☐	☐	
Voice Clarity	☐	☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
	N/A	☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Sets	☐	☐	
Phone Jack	☑	☑	
Off-Hook Indicator	☐	☐	
Amplifier	☐	☐	
Tone Generator	☐	☐	
Call-in Signal	☑	☑	
System Performance	☑	☑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) Door Mag.	☑	☑	☑
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify) N/A	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments:

Supervising Station Monitoring	YES	NO	TIME	Comments
Alarm Signal	☐	☐		
Alarm Restoration	☐	☐		
Trouble Signal N/A	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications That Testing Is Complete	YES	NO	WHO	TIME
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (specify)	☐	☐		

The Following Did Not Operate Correctly:

System restored to normal operation: Date: 2-7-18 Time: 12:30 pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Tim Pelli Date: 2-7-18 Time: 12:30 pm

Signature: Tim Pelli Brandi Robertson

Name of Owner or Representative:

Date: 2-7-18 Time: 12:30 pm

Signature: Brandi Robertson