STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067008	A. BUILDING: **01** B. WING _____	**03/22/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS ASSISTED LIVING	**3045 HENDERSON DRIVE EXTENSION JACKSONVILLE, NC 28546**

(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 Construction Section Biennial Survey by Dennis Harrell on 3-22-2018. Records indicate that this facility was first licensed as a Home for the Aged on 8-18-1998. The facility is currently licensed as a 79 bed facility with a 22 beds Special Care Unit. Therefore the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes and applicable components of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code for Group I - Institutional Unrestrained 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, this facility is equipped with Special Locking (magnetic locks) on the exit	C 101		

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C 101	Continued From page 1 doors as allowed by the NC State Building Code. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." This Code is not met as evidenced by: The required emergency release switch located at each magnetically locked exit door was of the locking type. Staff did not carry release switch keys. 2. Based on observation and interview, the staff entrance door was provided in late 2017 with Access Controlled egress locking as allowed by Section 1008.1.4.4 of the 2012 NC State Building Code. The locking fails to comply with the Building Code in the following ways; a. There was no sensor provided on the inside of the exit to detect an occupant approaching the door to egress. b. The "Push to Exit" switch provided at the exit did not remain unlocked for a minimum of 30 seconds.	C 101		
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: Based on a review of documents, the most recent fire alarm system inspection report was dated 4-28-16. Fire alarm systems that are not inspected and approved annually as required	C 111		

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C 111	Continued From page 2 could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 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 tub in the shower room in Special Care.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: Furniture and appliances were stored in the service exit corridor reducing the clear width to less than 5 feet.	C 150		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 3 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 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. Several portable medical oxygen cylinders were stored in unapproved plastic crates in the room next to the med room in Special Care. b. One portable medical oxygen cylinder was stored in no rack or container in clean linen on the AL side. 2. Based on observation, there was no documentation of monthly in house/owner's inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

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C 185	Continued From page 4 (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: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: The facility has 3 shifts but all available records indicate the rehearsals occured during the 1st shift.	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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 189		

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C 189	Continued From page 5 1. Based on observation, the corridor smoke detector near the Administrator's office sensed the smoke when tested and latched in an activated condition, but failed to activate the fire alarm system. Smoke detectors that do not work properly endanger all residents and staff. 2. Based on observation, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Front door, b. Corridor at room 404, c. The light in the corridor near room 414 fell off the ceiling and broke when tested. Note; This one deficiency was corrected during the survey. 3. 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 side of the double doors to the Parlor is equipped with only a 'bale catch' at the top of the door. Bale catches do not provide positive latching. Doors to the corridor must positively latch when closed or the spaces must meet the Code requirements for spaces permitted to be open to the corridor. b. One side of both sets of double doors to the Sunroom is equipped with only a 'bale catch' at the top of the door. Bale catches do not provide positive latching. Doors to the corridor must positively latch when closed or the spaces must meet the Code requirements for spaces	C 189		

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C 189	Continued From page 6 permitted to be open to the corridor. c. One side of both sets of double doors to the Dining room is equipped with only a 'bale catch' at the top of the door. Bale catches do not provide positive latching. Doors to the corridor must positively latch when closed or the spaces must meet the Code requirements for spaces permitted to be open to the corridor. d. The door to room 101 will not latch when closed. e. The door to room 206 will not latch when closed. f. The door to room 402A-B will not latch when closed. g. The 3/4 hour door to the laundry was propped open. This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. h. There was a hole at the latchset through the door to the staff bathroom in PKW. i. There was a hole at the latchset through the door to the Administrator's office. j. One of the corridor doors to the Beauty Parlor was equipped with only a dead-bolt latch. Dead-bolt latches cannot automatically latch when closed. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The smoke detector was hanging off the ceiling by the wires in the storage closet across from room 102. b. Holes in the walls of the corridor closet to the	C 189		

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C 189	Continued From page 7 left of room 217, c. Sprinkler escutcheon not tightly mounted to the ceiling in the dryer room, d. Hole in the ceiling by the 4 inch steel sprinkler pipe in the main electrical room. 5. Based on observation the required one-hour fire rated ceilings were compromised in several locations by improperly protected conduit penetrations. None of the conduit penetrations listed below were protected with a listed fire collar. Penetrations that are not sealed in an approved manner present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The ceiling of the main electrical room was penetrated by 10 - 2.5 inch PVC conduits and 2 - 4 inch PVC conduits. b. The ceiling of Panel PP1 closet was penetrated by 2- 2.5 inch PVC conduits. c. The ceiling of Panel PP2 closet was penetrated by 2- 2.5 inch PVC conduits. d. The ceiling of Panel PP3 closet was penetrated by 2- 2.5 inch PVC conduits. e. The ceiling of Panel PP4 closet was penetrated by 2- 2.5 inch PVC conduits. 6. Based on observation, the sampling tube for the duct mounted smoke detector in the attic was very dirty. Additionally, the holes in the sampling tube appeared to be oriented away from the airflow. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.	C 189		