STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034060	A. BUILDING: **01** B. WING _____	**04/18/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE MANOR	**6206 REIDSVILLE ROAD** **KERNERSVILLE, NC 27284**

(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 4-18-2018. Records indicate this facility was first licensed on 5-1-1971, for 60 resident beds. Based on the above information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1967 North Carolina State Building Code, Section 407.1, Group D-2, Institutional Occupancy.	C 000		
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, an exterior exit path was not maintained uncluttered and free of obstructions. Finding includes; A cart was blocking the exterior exit path from the exit near the handicap bathroom. Note; This deficiency was corrected during the survey. 2. Based on observation, the facility was not maintained free of hazards. Finding includes: One of the supports was broken on the handrail for the basement stairs.	C 166		

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C 166	Continued From page 1 3. Based on observation, one of the hand grips provided at the tub in downstairs handicap bathroom 2 was loosely mounted. A loose handgrip could fail and cause a resident to fall.	C 166		
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 signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign near the front door did not work on battery when tested. b. The exit sign near the emergency exit at room 11 did not work on battery when tested. c. The exit sign near the smoking area exit did not work on battery when tested. d. The exit sign near the dining room door did not work on battery when tested. e. The exit sign near the exit by the kitchen did not work on battery when tested. f. The exit sign near the laundry did not work on battery when tested.	C 189		

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C 189	Continued From page 2 2. 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. The smoke barrier door near med room 1 does not close completely and latch when activated by the fire alarm system. b. The smoke barrier door near Biohazard Storage does not close completely and latch when activated by the fire alarm system. c. There is a wire permanently installed through the doorway at the smoke barrier door near Biohazard Storage. d. The door to room 26 is difficult to close and then very difficult to open. e. The door to room 7 will not latch when closed. f. The door to room 20 will not latch when closed. g. The door to the upper Activity Room was propped open with a chair. Note This deficiency was corrected during the survey. h. The door to room 4 does not fit the opening properly to be resistant to the passage of smoke. i. The door to med room 1 does not fit the opening properly to be resistant to the passage of smoke. j. The door to room 14 does not fit the opening properly to be resistant to the passage of smoke. k. There is no door stop provided at the top of the door to room 14. l. The door to the Administrator's office does not fit the opening properly to be resistant to the passage of smoke. m. The door to downstairs handicap bathroom 1 not fit the opening properly to be resistant to the passage of smoke.	C 189		

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C 189	Continued From page 3 n. The door to downstairs handicap bathroom 2 not fit the opening properly to be resistant to the passage of smoke. o. The door to room 22 was tied open with a clothes hanger. 3. 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. Holes (2) in the wall above the door alarm panel, b. Unsealed wire penetration in the basement ceiling, c. Unsealed patch in the basement ceiling.	C 189		