STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090033	A. BUILDING: 02 B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller conducted on January 11, 2018. Records indicate this facility was first licensed as a Home for the Aged serving 12 residents on 08/18/1992 however, the plan appoval occurred 05/04/1987. Therefore, the facility must meet the 1987 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and, the 1978 North Carolina State Building Code, Section 409 Institutional Occupancy Deficiencies were cited that require a Plan of Correction.	C 000		
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 Staff in Charge 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 January 10, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor. b. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor.	C 111	1. FIRE ALARM SYSTEM INSPECTION REPORT WAS COMPLETED ON 4/27/2017. UNIONCOUNTY FIRE MARSHALL OFFICE WAS CONTACTED ON 3/09/18 FORMS WERE FILLED FOR UNION COUNTY FIRE MARSHALL OFFICE TO SCHEDULE FIRE MARSHALL INSPECTION. QUALITY SPRINKLER HAS REPLACED COMPRESSOR. 2. EACH YEAR FIRE INSPECTION COMPANY AND UNION COUNTY FIRE MARSHALL OFFICE WILL BE CONTACTED IN DECEMBER TO SCHEDULE THE NEXT YEAR ANNUAL REQUIRED INSPECTIONS. 3. THIS WILL BE MONITORED EACH YEAR BY THE ADMINISTRATOR OR DESIGNEE. 4. INSPECTIONS SCHEDULED TO BE COMPLETED BY MAY 1ST 2018	

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C 111	Continued From page 1 c. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, performed on April 26, 2017 listed the need for the compressor to be replaced, some corroded exterior sprinklers heads to be replaced, five year gauge replacement and other items.	C 111	1. ALL HAND GRIPS HAVE BEEN CHECKED THROUGHOUT THE COMMUNITY. NO OTHER HAND GRIPS WERE FOUND LOOSE. THE HAND GRIP HAS BEEN REPAIRED.	
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: 1. Based on observation, the facility failed to provide tubs, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on January 11, 2018: a. Men - the tub has a loose hand grip (grab bar).	C 133	2. ALL HAND GRIPS WILL BE CHECK WITH MONTHLY MAINENTENCE LOGS. STAFF HAVE BEEN INSERVICED TO NOTIFY ADMINISTRATOR IMMEDIATELY OF ANY ITEMS NEEDING REPAIR. 3. ITEM COMPLETED 3/12/18.	
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;	C 164		

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C 164	Continued From page 2 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on January 11, 2018: a. Entire Building - the floors are dirty and need deep cleaning.	C 164	1. THE FLOORS HAVE BEEN DEEP CLEANED THROUGHOUT THE FACILITY. NEW FLOORS WERE STARTED INSTALLED ON 02/06/18. 2. STAFF HAVE BEEN INSTRUCTED TO NOT USE HARSH BLEACHING CHEMICALS ON FLOORS IN ORDER TO NOT DIMINISH THE WAX ON THE FLOORS. 3. ADMINISTRATOR HAS SCHEDULED DAILY CLEANING OF FLOORS 4. NEW FLOORS COMPLETED INSTALLATION ON TO BE COMPLETED 2/28/18.	
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 January 11, 2018: a. Laundry - ten portable medical oxygen cylinders are stored standing up in beverage crates not secured.	C 166	1. THE OXYGEN SUPPLY COMPANY WAS CONTACTED AND NOTIFIED OF IMPROPER STORAGE CONTAINERS. ALL OXYGEN CYLINDERS THAT WERE STORED IN THE CRATES WERE REMOVED FROM COMMUNITY. 2. ALL STAFF HAVE BEEN INSERVICED ON ANY FUTURE DELIVERIES OF OXYGEN CYLINDERS THEY MUST BE IN PROPER MEDICAL STORAGE CRATES AS DEEMED BY DHHS. 3. COMPLETED 1/12/18.	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge)	C 183		

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C 183	Continued From page 3 A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on January 11, 2018: a. Entire Building - since the last annual maintenance, performed in September 2017, there has been no documentation of the portable fire extinguisher's monthly in house inspections.	C 183	1. ALL FIRE EXTINGUISHERS WERE CHECKED AND NEW CARDS HAVE BEEN ADDED TO CHECK MONTHLY TO LOG DATES OF MONTHLY INSPECTIONS. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE MONTHLY INSPECTIONS OF FIRE EXTINGUISHERS. 3.SCHEDULED TO BE COMPLETE BY 3/28.18	
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 Staff in Charge, fire drill rehearsals are not being	C 185	1. FIRE INSERVICE WAS COMPLETED WITH ALL STAFF, BASED ON THE LOCAL FIRE PREVENTION CODE. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE FIRE REHERSAL EACH MONTH FOR A DIFFERENT SHIFT WITH FULL DETAILS AND DESCRITPION OF COMPLETION OF FIRE DRILL. THE REHERSALS WILL BE MAINTIANED IN A LOG FOR VIEWING. 3 TO BE COMPLETED BY 3/28/18	

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C 185	Continued From page 4 performed regularly with at least one per shift for each quarter.. Findings on January 11, 2018: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 2nd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. 2. 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 January 11, 2018: 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		
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 Fire Alarm system was not maintained in a fully operating condition. Findings on January 11, 2018: a. Fire Alarm Panel - the fire alarm panel was showing a trouble signal. According to facility staff the phone company had been on site this morning and had left to investigate lines down the road. Staff was operating under instructions to call 911 if fire alarm system activates. Fire Alarm System was tested and audible and visible annunciation devices along with the hold open devises worked. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on January 11, 2018: a. Living Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Smoke Barrier near Bedroom 1- the exit sign had one chevron directional indicators punch-out removed, indicating that you should turn right to exit, but the way out is straight. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all by not containing the smoke of the fire in the compartment of origin. Findings on January 11, 2018: a. Front Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. b. Back Smoke Barrier - the front leaf, of the double-egress cross-corridor doors, has a smoke	C 189	1 & 2 FIRE MONITORING COMPANY HAS BEEN CONTACTED AS PHONE COMPANY. THERE IS A LINE SET FOR SENDING SIGNAL TO FIRE MONITROING COMPANY. LINE IS WORKING PROPERLY. THE EXIT SIGN HAS BEEN CORRECTED TO SHOW THE PROPER EXIT IN EMERGENCY. EMERGENCY LIGHT HAS BEEN REPLACED. ONGOING COMPLETION DATE FIRE MONITROING COMPANY SCHEDULED TO REINSPECT TROUBLE ALARM ON 3/16/18. ALL EMERGENCY LIGHTS HAVE BEEN CHECKED FOR ILLUMINATION AND FOUND TO BE FUNCTIONING PROPERLY. WILL CONTINUE TO MONITOR FIRE SYSTEM DAILY AND ON EACH SHIFT. SCHEDULED TO BE COMPLETE 3/17/18. 3. ALL DOORS HAVE BEEN INSPECTED AND REPAIRED SO THEY NOW SHUT PROPERLY AND LATCH. WHEN CLOSING SMOKE SEAL LEAF HAS BEEN REATTACHED AND IS NOW IN WORKING ORDER. ALL DOORS HAVE BEEN CHECKED FOR PROPER LATCHING, AND ARE ALL NOW IN WORKING ORDER. COMPLETED 3/12/18.	

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C 189	Continued From page 6 seal hitting the floor and is keep the leaf from closing and latching when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. 4. 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 of origin. Findings on January 11, 2018: a. Dryer room - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Can Wash - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 5. Based on observation the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Findings on January 11, 2018: a. CAM Room in Laundry - the exhaust ventilation system is not working and grille loose. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on January 11, 2018: a. Bedroom #4 - the corridor door did not latch into its frame when closed. b. Women - the corridor door did not latch into its frame when closed. c. Living Room - the corridor door had a wheel chair blocking the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 7. 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	C 189	4. ALL CEILING HAVE BEEN CHECKED FOR GAPS OR OPENINGS. FIRE STOP WAS ADDED TO DRYER ROOM AND CAN WASH ROOM. ADMINISTRATOR WILL CHECK MONTHLY FOR AN OPENING GAPS, OR CRACKS TO ENSURE THAT NO FIRE CAN PENTRATE THROUGH THOSE AREAS. COMPLETED BY 3/12/18. 5. ALL EXHAUST FANS HAVE BEEN CHECKED THROUGHOUT THE FACILITY. ANY THAT DID NOT COME ON IMMEDIATELY HAVE BEEN REPLACED. ADMINISTRATOR/DESIGNEE WILL CHECK EXHAUST FANS MONTHLY TO ENSIRE PROPER FUNCTIONING. COMPLETED BY 3/12/18 6. ALL DOORS HAVE BEEN INSPECTED AND REPAIRED SO THEY NOW SHUT PROPERLY AND LATCH. ALL STAFF HAVE BEEN EDUCATED ON ENSURING THAT NO ITEMS W/C, CHAIRS ARE TO BLOCK FIRE DOORS AT ANY TIME. ALL DOORS HAVE BEEN CHECKED FOR PROPER LATCHING, AND ARE ALL NOW IN WORKING ORDER. COMPLETED 3/12/18	

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C 189	Continued From page 7 preventing the exhausting of odors. Findings on January 11, 2018: a. Women -the exhaust ventilation system was blowing air into the room instead of removing it. 8. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or is delayed in responding as design. Findings on January 11, 2018: a. FDC inlet connection area - the building was not equipped with a FDC sign directing the fire department to their connection area.	C 189	7. ALL EXHAUST FANS HAVE BEEN CHECKED THROUGHOUT THE FACILITY. ANY THAT DID NOT COME ON IMMEDIATELY HAVE BEEN REPLACED. ADMINISTRATOR/DESIGNEE WILL CHECK EXHAUST FANS MONTHLY TO ENSIRE PROPER FUNCTIONING. COMPLETED BY 3/12/18 8. THE FDC SIGN IS LOCATED ABOVE THE CONNECTION AREA OF WHERE THE FDC IS LOCATED.	