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	HAL092203	A. BUILDING: 01 B. WING _____	03/21/2018

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on March 21, 2018. Records indicate that this facility was licensed on 11/01/1982 as a HA. This facility is currently licensed for 80 Beds (including a 30 Bed Special Care Unit). Therefore, this facility was surveyed for conformance with the 1977 Minimum Standards and Regulations for Homes for the Aged, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1978 (Revision 5) Edition, of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is soley prepared as a matter of compliance with State Law.	
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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Margaret T Gray Adm. 04-17-2018

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on March 21, 2018: a. SCU Nurse Station - the central on/off emergency release switch, is operated with metal-keys but staff in the SCU unit did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. b. SCU Nurse Station and AL Nurse Station - both central on/off emergency release switches did not release the locked doors when tested. c. Gates - all gates with "Special Locking" were disabled.	C 101	a. SCU release switch replaced with a switch that does not require a key. Completed on 3/23/2018. b. Vendor notified, release switches repaired. Doors tested on 4/4/2018. c. Unused maglock equipment removed from exterior gates excluding SCU Courtyard. Completed on 4/16/2018.	4/30/2018 4/30/2018 4/30/2018
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 of	C 111		

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C 111	Continued From page 2 Executive Director, and Regional Maintenance personal 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 March 21, 2018: a. A current Building Sanitation 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. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for review by the Surveyor.	C 111	a. Executive Director will obtain and maintain required sanitation inspections. b. Annual Fire Alarm inspection and testing report completed on 4/4/2018. c. Annual Sprinkler insepction and testing report completed on 4/4/2018.	4/30/2018 4/30/2018 4/30/2018
C 126	Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by:	C 126	d. Missing screens were installed on 4/12/2018.	4/30/2018
C 143	Janitor's Closets-Locked	C 143		

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C 143	Continued From page 3 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on March 21, 2018: a. Exterior Storage Building near SCU- the door was not locked and left open. There is substances that may be hazardous if ingested, inhaled or handled stored in the building.	C 143	a. Storage building door to be replaced and building secured.	4/30/2018
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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency.	C 150		

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C 150	Continued From page 4 Findings on March 21, 2018: a. Left Dining Room Exit - due to renovation, an adjacent exit door was propped open and completely blocked the ability to open this exit door. Deficiency corrected before Construction Surveyors departed site b. Left Dining Room Exit - once the door became freed of the adjacent door leaf blockage, the exit door was found to be blocked from opening with a large trashcan behind the door.	C 150	a. Employees instructed that propping open or blocking exit doors are prohibited. Management personnel will visually monitor during facility checks. b. Employees instructed that propping open or blocking exit doors are prohibited. Management personnel will visually monitor during facility checks.	4/30/2018 4/30/2018
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on March 21, 2018: a. Exterior Storage Building near SCU - there was broken glass on the ground adjacent to this building. b. Sidewalk near Bedroom 419 - the sidewalk does not have a stable smooth transition with the adjacent ground creating a tripping hazard.	C 160	a. Broken glass was cleaned up and removed on 3/21/2018. b. Vendro contacted for quote to repair and promote a smooth transition. Target date for completion 4/30/2018.	4/30/2018 4/30/2018
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

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C 164	Continued From page 5 (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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: . Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on March 21, 2018: a. SCU - a urine odor persisted during the Construction Survey. 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on March 21, 2018: a. Ceiling - the non-renovated ceilings are stained. b. Telephone Room - the floor is scuff up. c. Main Nurse Station - the backsplash on the counter had come loose. 3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on March 21, 2018: a. Main Nurse Station - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. b. Executive Director Office - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. c. Front Living Room - a HVAC grille is falling out of the ceiling. d. Corridor across for Beauty Shop - the HVAC return grille with its radiation damper has an	C 164	a. Management will check for unpleasant odors during facility monitoring and address any areas of concern. Employee's were reminded to promptly remove any soiled disposable undergarments and other materials that may cause unpleasant odors. 2a. Ceiling repaired and painted on 3/26/2018. 2b. Telephone room was stripped and waxed on 4/13/2018. 2c. Nurses station backsplash reapired on 4/12/2018. 3a/b. All vents, returns, radiation dampers have been cleaned and dusted by housekeeping personnel on or before 4/15/2018. 3c. HVAC grill in front living area has been repaired and secured on 4/12/2018. 3d. All vents, returns, radiation dampers have been cleaned and dusted by housekeeping personnel on or before 4/15/2018.	4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018.

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C 164	Continued From page 6 excessive accumulation of dust/lint. .	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 March 21, 2018: a. SCU Nurse Station - one portable medical oxygen cylinders is stored standing up and not secured. 2. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on March 21, 2018: a. Housekeeping Closet near library- the mop sink has a hose long enough to reach gray water and is not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166	1a. Oxygen containers have been secured to prevent a hazard. 2a. Vacuum breaker installed on 4/16/2018.	4/30/2018 4/30/2018
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT	C 183		

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C 183	Continued From page 7 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) 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. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on March 21, 2018: a. Smoking Porch - the last annual maintenance check of the portable fire extinguishers was last performed in May 2016.	C 183	1a. Fire extinguisher inspected by approved vendor and new tag applied on 3/22/2018.	4/30/2018
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.	C 185		

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C 185	Continued From page 8 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director, 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 March 21, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 1st, 2nd and 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 1st, 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift.	C 185	1a.b.c Executive Director is responsible for ensuring fire drills are conducted quarterly on each shift. Reports will be available for review upon request.	4/30/2018
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: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on March 21, 2018: a. Front Right Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test	C 188	1a. Outlet repaired by vendor on 4/12/2018. all GFCI outlets were tested by vendor and operating properly.	4/30/2018

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C 188	Continued From page 9 button and when tested with a circuit tester	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 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 March 21, 2018: a. Corridor near Bedroom 303 - the exit sign was dangling from its base by its operational wires. b. Kitchen - the emergency light was not plugged into the electrical power receptacle. 2. 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 March 21, 2018: a. Bedroom 419 Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Bedroom 308 right-side Closet - there is a gap around a cable and 3 holes not firestopped	C 189	1a. Exit sign secured to ceiling on 4/12/2018. 1b. Vendor checked emergency light and any repairs were completed on 4/16/2018. 2a/b..Gap will be sealed with approved firestop rated material.	4/30/2018 4/30/2018

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C 189	Continued From page 10 as it penetrates the fire-resistance-rated ceiling assembly. c. Corridor near Telephone Room - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. d. Kitchen Cleaning Supply Room- the one-hour fire-resistance-rated gypsum ceiling assembly has joints that are deteriorating and cannot stop a fire. e. Executive Director Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Bedroom 204 left-side Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Water Heater inside Housekeeping near Library - the one-hour fire-resistance-rated gypsum ceiling assembly has joints that are deteriorating and cannot stop a fire. h. IT Room - there is a hole around a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Water Heater Room in Electrical Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. j. Electrical Room - there are some penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. 3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on March 21, 2018: a. Firewall near Bedroom 207 - the front leaf of the cross-corridor doors did not latch when the door released on fire alarm activation. b. Bedroom 415 - the corridor door did not latch into its frame when closed.	C 189	2c. Gap will be sealed with a fire rated material. 2d. Ceiling will be repaired by vendor. 2e. Gap will be sealed with a fire rated material. 2f. Gap will be sealed with fire rated material. 2g. Ceiling assembly joints will be repaired to ensure oen hour fire resistance. 2h. Penetrations will be sealed with a fire rated material. 2i. Gap around cable will be sealed with fire rated material. 2j. Unapproved orange foam will be removed and sealed with an approved fire rated material. 3a. Fire doors repaired and properly latch. Repaired on 4/12/2018. 3b. Room 415 door repaired and latches properly. Repaired on 4/12/2018.	4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018

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C 189	Continued From page 11 c. Bedroom 411 - the corridor door has a coat hanger 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. d. SCU Women Shower - the corridor door's replacement hardware did not cover the two through holes created for the pervious hardware installation. e. Bedroom 411 - the corridor door has a chair 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. f. SCU TV Room - the corridor door hits the doorframe preventing it from closing and latching. g. SCU Dining Room - the corridor door hits the doorframe preventing it from closing and latching. h. SCU Men Shower - the corridor door's replacement hardware did not cover the two through holes created for the pervious hardware installation. i. Bedroom 308 - the corridor door hits the floor preventing it from closing and latching. j. Conference Room - the corridor door's replacement hardware did not cover the two through holes created for the pervious hardware installation. k. Telephone Room - the corridor door hits the floor preventing it from closing and latching. l. Main Nurse Station - the corridor door is very hard to close and may not latch. m. Kitchen Janitor Closet - the corridor door hardware is damage and will no latch. n. Library - the corridor door will not close and latching. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to	C 189	3c. Coat hanger has been removed as of 3/21/2018. 3d. Parts ordered to address holes in doors. Will be repaired on or before 3e. Chair was been removed. Employees educated on the release requirements. 3f/g. Doors repaired and tested to ensure proper closure on 4/12/2018. 3h. Parts ordered to address holes in doors. Will be repaired on or before 3i. Door room 308 repaired on 4/12/2018. 3j. Conference room door-parts ordered to address holes in doors. Will be repaired upon delivery of parts. 3k. Telephoen room door adjusted to ensure proper closure on 4/12/2018. 3l. Main nurses station door repaired on 4/12/2018. 3m. Hardware ordered and will be repaired upon delivery of parts. 3n. Library cooridor door repaired.	4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018

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	HAL092203	A. BUILDING: 01 B. WING _____	03/21/2018

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C 189	Continued From page 12 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 March 21, 2018: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in May of 2017. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on March 21, 2018: a. SCU Dining - a duplex electrical power receptacle is falling out of the wall. Deficiency corrected before Construction Surveyors departed site b. Front Right Porch - the GFCI electrical outlet's weatherproof cover is missing. c. Corridor outside of Conference Room - a light fixture has a broken lens. d. Electrical Room - many items are stored in front of the electrical panel, limiting the required 36-inches minimum clear working space. Deficiency corrected before Construction Surveyors departed site 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on March 21, 2018: a. AL Dining - one of the required fire sprinkler heads has been removed and replaced with a pipe extending below the ceiling. b. Bedroom 419 Closet - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that	C 189	4a. Ktichen hood inspection completed 3/27/2018. 5a. Deficiency corrected durign insepction. 5b. GFCI recepticle on front porch repaired 4/12/2018. 5c. Light fixture lens will be replaced. 5d. Items stored in front of the electrical panel were cleared during inspection. 6a. Vendor contacted and will repair sprinkler pipe as required. 6b. Room 419; escutcheon plate will be replaced before 4/30/2018. Ordered Any escutcheon plates missing will be replaced.	4/30/2018 3/21/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018 4/30/2018

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C 189	Continued From page 13 allows the spread of smoke and heat. c. Bedroom 414 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed site. d. Bedroom 410 - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat e. SCU Women Shower - a fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. f. SCU Women Shower - a fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat g. Short Corridor to SCU TV Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. h. Bedroom 306 right-side Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat i. Main Nurse Station - a fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat j. Center Front Porch - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat k. Women Shower - a fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat	C 189	6c/d/e/f/g/h/i/j/k: All escutcheon plates will be replaced, installed and/or secured to ensure a proper seal.	4/30/2018

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C 189	Continued From page 14 l. Bedroom 204 left-side Closet - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. m. Library - a fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with storage. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on March 22, 2018: a. Hopper Room across from Bedroom 412 - items are stored within the 18 inches space below the fire sprinkler head. b. Pantry - items are stored within the 18 inches space below the fire sprinkler head. 8. Based on observation, all building equipment was not maintained operable. Findings on March 21, 2018: a. Windows- multiple screens are not in their window frames to the Residents Rooms.	C 189	6i. All escutcheon plates will be replaced, installed and/or secured to ensure a proper seal. 7a/b. Materials moved to ensure 18" space below the sprinkler head. 8a. All screens were repalced or installed on 4/12/2018.	4/30/2018 4/30/2018 4/30/2018
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.	C 191		

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C 191	Continued From page 15 (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 prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on March 21, 2018: a. Beauty Shop - a portable electric heater was found in this room.	C 191	a. Portable heater removed and disgarded. 4/30/2018	
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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This	C 199		

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C 199	Continued From page 16 could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on March 21, 2018: a. SCU Women Shower - the required exhaust ventilation system did not work, and there is slight odor. b. SCU Men Shower - the required exhaust ventilation system did not work, and there is odor. c. Bulk Laundry - the required exhaust ventilation system did not work, and there is odor.	C 199	1a/b/c: Parts and/or exhaust fans have been ordered and will be replaced by 4/30/2018.	4/30/2018