STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 and Dennis Harrell, conducted on May 16, 2018. Records indicate this facility was first licensed on 1-17-1997, for 112 residents, including 43 Special Care Beds. Based on the information the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code, Group I - Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on May 16, 2018: a. Community Bath near AL Staff Station - the gypsum wall, beside the commode, is damaged. b. Bedroom 44 - the HVAC grille is missing out	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 164	Continued From page 1 of the ceiling. c. Community Bath in SCU - the gypsum wall, beside the commode, is damaged d. Community Bath in SCU - the gypsum wall, beside the tub, is damaged	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, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on May 16, 2018: a. Community Bathroom near Staff Station - a towel bar mounting brackets are left attached to the wall. These brackets have sharp and rough edges that could injury residents. b. Community Bathroom in SCU - a towel bar mounting brackets are left attached to the wall. These brackets have sharp and rough edges that could injury residents. c. Exit near Bedroom 60 - the panic bar is missing its end cap, exposing sharp edges that could injury residents. 2. Based on observation, the Building plumbing	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 166	Continued From page 2 equipment was not maintained in a clean and orderly manner free if hazards. Findings on May 16, 2018: a. Community Bathroom near Staff Station - the commode seat was loose. 3. 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 May 16, 2018: a. Nurse Station - a portable medical oxygen cylinder is stored standing up on the floor not secured.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (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 provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on May 16, 2018: a. Bedroom 02 & 04 Shared Bathroom - this quadruple occupant bathroom has three of its four towel bars.	C 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 185	Continued From page 3	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 & Maintenance Director, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 16, 2018: a. In the 4th quarter for the last 12 months, no rehearsal was performed during 3rd 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.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on May 16, 2018: a. Soiled Linen - the corridor door, part of the fire-resistance-rated enclosure, is only a 20 min rated door and held open with a permanent magnet. b. Pantry - the door, part pf the fire-resistance-rated enclosure, is held open with a permanent magnet. c. Housekeep on Hall 2 - the door, part pf the fire-resistance-rated enclosure, is held open with a permanent magnet. 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 May 16, 2018: a. Soiled Linen - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Kitchen - there is a gap around a Hood suppression system conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Housekeeping on Hall #2 - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly. d. Activity Office -there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 3. Based on observation, the building's	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL 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 189	Continued From page 5 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 May 16, 2018: a. Corridor #2 near Time Clock room -the wall-mounted self-contained emergency light has dim light output when the test button is pushed. 4. Based on Observation, the Building was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in Room or fire compartment of origin. Findings on May 16, 2018: a. Kitchen - the Dining room door, an automatic closing door on smoke detection, did not close on its own power. 5. 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 residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on May 16, 2018: a. Smoke Barrier in SCU - the front leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 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 May 16, 2018: a. Clean Linen/Riser Room - the fire sprinkler escutcheon plate has dropped down from the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 189	Continued From page 6 fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Examination of the fire sprinkler riser revealed the pressure gauge on the accelerator line is registering about 7 psi. The gauge has hand markings at the 35-psi location. This could indicate an abnormal condition. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 16, 2018: a. Storage Room with Electrical Panel 11 & 12 - an extension cord is being used to power a small refrigerator. Extension cords cannot substitute for permanent wiring. b. Kitchen- the electrical panel 13 has the wrong manufacture's blank installed in an open breaker location so it doesnt completely cover the opening. c. SCU Blue Room Storage - the light switch with energized components, is missing its cover plate. d. SCU Med Room - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. Deficiency corrected before Construction Surveyors departed site. 8. Based on Observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on May 16, 2018: a. Courtyard near AL Kitchen - the gate hits the slab making it very difficult to open the door. b. Bedroom 27 - the corridor door is missing it door handle.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 189	Continued From page 7 c. Bedroom 29 - the corridor door is missing it door handle. 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 May 16, 2018: a. Community Bath near AL Staff Station - the corridor door closed, but did not latch into its frame. b. Solid Linen - the corridor door has a gap around the door handle. c. Bedroom 17 - the corridor door has a rock 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. Beauty Shop - the corridor door has a wedge 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. Deficiency corrected before Construction Surveyors departed site. e. Bedroom 24 - the corridor door did not latch into its frame. f. Bedroom 60 - the corridor door did not latch into its frame.	C 189		
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;	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **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 199	Continued From page 8 (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 could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on May 16, 2018: a. Community Bath near AL Staff Station - the required exhaust ventilation system did not work, and there is odor. b. AL Laundry - the required exhaust ventilation system did not work, and there is odor. c. SCU Laundry - the required exhaust ventilation system did not work, and there is odor. d. SCU Utility (hopper) - the required exhaust ventilation system did not work, and there is odor.	C 199		