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 _____	R **05/09/2018**

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 a Biennial Follow Up Constsruction Survey by Suzanna Fay conducted on May 9, 2018. There are defiencies cited from the Biennial Construction Survey that remain to be corrected.	{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 and interview, the staff entrance door was provided 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. Findings on May 9, 2018: a. There was no sensor provided on the inside of	{C 101}		

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 _____	R **05/09/2018**

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 101}	Continued From page 1 the exit to detect an occupant approaching the door to egress.	{C 101}		
{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 and record review, the fire alarm system has an alarm verification feature enabled that delays the fire alarm activation for 30 seconds before activating the alarm. Delays in fire alarm activation could result in delays in evacuating the facility during a fire or other emergency, therefore endangering the residents. Findings on May 9, 2018: a. The corridor smoke detector near the Administrator's office was sprayed continuously for 30 seconds before it would activate the fire alarm. A fire alarm vendor service record indicated the system had verification enabled. There was no justification provided as to why this feature is enabled. 2. Based on observation the required one-hour fire rated ceilings may be compromised in several	{C 189}		

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 _____	R **05/09/2018**

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 189}	Continued From page 2 locations by improperly protected conduit penetrations. Verify that the following penetrations meet Section 705.4 of the 1996 NCSBC in effect at the time of construction. Findings on May 9, 2018: 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.	{C 189}		