STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 3-21-2018. Records indicate this facility was first licensed as a Home for the Aged on 11-1-1979. It is currently licensed for 32 beds. Therefore, this facility was surveyed using the 1978 N.C. State Building Code Volume I-section 409, the 1977 Minimum Standards and Regulations for Homes for the Aged and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds.	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: Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required	C 101		

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE / Phyllis S. Bryan / TITLE / Administration Assistant (X6) DATE: 5/8/18

Phyllis S. Bryan Admin Asst 5/8/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 components for doors with Special Locking System. Findings include: a. There was no wiring diagram or systems components location map posted under glass at the fire alarm panel. b. The central emergency release switch was not labled. Note; This deficiency was corrected during the survey.	C 101	A. Wiring diagram is now in place as of 03/30/2018 B. Corrected on date of survey 03/21/2018	
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: Based on a review of documents, the most recent annual fire alarm system inspection report was dated 2-28-2017. Fire alarm systems that are not inspected and approved annually as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	Fire alarm system was inspected and placed in book for review on 03/27/2018	

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.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 186	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation there was a hasp and padlock on the outside of the door to some spaces. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Spaces with hasp and padlock on the outside of the door include; a. The Administrator's office, b. The pantry. 2. Based on observation, there was no key onsite to allow entry into the other Administrator's office to survey for hazards. Keys must be available to allow access to all spaces at all times. Note; The other Administrator arrived with a key before the end of the survey. 3. Based on observation, the ice machine drain line was only 1/2 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 4. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in the Administrator's office. Extension cords are intended for temporary use only and 2 wire lamp type extension cords must never be used. Note; This deficiency was corrected during the survey. Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 186 C 185	1-a Padlock on Administration office was removed, and single cylinder deadbolt installed. As of 03/30/2018 1-b Padlock on the pantry was removed, and single cylinder deadbolt installed. As of 03/30/2018 2. A key is now accessible for administration offices at all times. As of 03/30/2018 3. Ice machine floor drain line raised to 2" requirement. As of 03/30/2018 4. Lamp cord type extension cord removed from office as of 03/21/2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 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: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of last year, there were no rehearsal done during the 1st shift. d. In the 4th quarter of last year, there was no rehearsal done during the 2nd shift.	C 185	c-185 Fire drills are up to date and fire education classes have been performed on all shifts and with all new hire employees and are on a reoccurring schedule as of 05/08/2018	
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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 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, corridor doors are prevented from closing and latching properly 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. There is a gap of about 5/16 inch between the smoke barrier doors. This is not in accordance with Code requirement that the gap not exceep 1/8 of an inch for wood doors. Combustible weather stripping, of aluminum with a brush bristle edge had been installed on both smoke barrier doors in an attempt to seal the gap between the doors. Combustible weather stripping is not an effective and approvable means to make doors resistant to the passage of smoke and fire. b. The latchset strike is missing on the door to the laundry. c. The latchset strike is missing on the door to room 113. d. There are several holes at the latchset through the door to the Activity office. 2. 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.	C 189	1A. aluminum stripe removed from fire door and steel 2" strip installed as of 03/30/2018 1B. Door latch strike installed on laundry door jam on 03/30/2018 1C. Door latch strike installed on door jamb as of 03/30/2018 1D. Door handle plate was installed on door for room 113 as of 03/30/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC COMMUNITY	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 Findings include: a. Hole in the corridor wall in room 116, b. Hole in the corridor wall in room 001P.	C 189	A. Hole was repaired in room 116 on 03/30/2018 B. Hole was repaired in room 001 on 03/30/2018	
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. (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 adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings include: a. There were 2 portable electric heaters found in use in the Administrator's office. b. There was a portable electric heater found in use in the other Administrator's office.	C 191	A. Portable heaters where removed from premises as of 03/21/2018 B. Portable heaters where removed from premises as of 03/21/2018	