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CAMBRIDGE HILLS OF PITTSBORO	**P O BOX 1209** **PITTSBORO, NC 27312**

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C 000	Initial Comments Report of a Biennial Survey by Suzanna Fay and Ed Miller conducted on May 22, 2018. Records indicate this facility was first licensed on April 10, 1999. The facility is currently licensed for 90 Beds with a 38 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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:	C 101		

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the requirements of the NCSBC regarding special locking at the time of construction or alteration. Findings on May 22, 2018: a. At the time of survey, the fire alarm system was in trouble and the magnetic locks in the special care unit were disengaged. A magnetic lock was added to the front entry doors. The magnet on this door was engaged. All magnetic locking devices are to release upon activation of the fire alarm. b. Facilities with magnetic locking systems are required to post a components map and a wiring diagram at the fire alarm panel. Neither of these items were posted. c. 100 Hall - the master override switch for the SCU is located at the Nurses' Station. None of the staff had a key for the override switch. All staff responsible for evacuation must maintain a copy of the key for the master override switch on their person. d. Front door - there is an override switch for the front door. Staff had to search for the key and only one key was available. All staff responsible for evacuation must carry a key to the override switch on their person.	C 101		
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.	C 111		

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C 111	Continued From page 2 This Rule is not met as evidenced by: 1. Review of records revealed that the sprinkler inspection report had comments regarding the test. Findings on May 22, 2018: a. The sprinkler report dated May 2, 2018 stated that the "customer did not want full flow trip of systems due to leaks." Full flow tests should be conducted every three years. Verify that the facility is in compliance with testing.	C 111		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.	C 116		

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C 116	Continued From page 3 (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations revealed that the facility conducted remodeling without approval of DHSR Construction nor of the local building official. Findings on May 22, 2018: a. 100 Hall - the resident tub bathroom was remodeled to house laundry equipment. Plans were not submitted to DHSR Construction and only a verbal approval was received from the local building official which was later rescinded. An alternative location was discussed with the Surveyors. Plans must be submitted to DHSR Construction Section and the local Building Inspections Department for review and approval prior to construction. b. 100 Hall laundry - the room exceeds 100 square feet and the door is not a 45 minute rated door.	C 116		

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C 150	Continued From page 4	C 150		
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. Observations revealed that the corridors were not free of obstructions. Findings on May 22, 2018: a. SCU - at the time of survey, the magnetic locking system was not working due to fire alarm trouble. The exits were blocked by furniture, a wheelchair and a plant. Items were removed at the time of survey. b. 200 Hall - narrow corridor by private dining - a ladder was stored in the hallway.	C 150		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Observations revealed that all exit door locks are not easily operable by single hand motion.	C 153		

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C 153	Continued From page 5 Findings on May 22, 2018: a. 100 Hall Sunroom - the hardware on the exit door is not operated by a single hand motion.	C 153		
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. Observations revealed that the walls and ceilings were not maintained in good repair. Findings on May 22, 2018: a. Main Dining - the ceiling around the HVAC vent is stained and the finish is cracking and flaking. b. 200 Hall - the water valve access panel has a heavy water stain around the opening. c. Library - the ceiling is damaged at the HVAC vent. d. Room 107 bath - there are several nail pops along the ceiling. Two of the nail heads have protruded below the level of the ceiling.	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:	C 166		

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C 166	Continued From page 6 (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 facility was not maintained free from hazards. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Findings on May 22, 2018: a. Room 221 - there were seven oxygen bottles stored in a Coke crate. 2. Observations revealed that the facility is not maintained free of hazards. Findings on May 22, 2018: a. 100 Hall Clean Linen - the doors have a barrel bolt latch on the exterior of the closet. The closet is large enough for a person to occupy making it possible to lock an individual in the closet. b. 100 Hall Exit by Room 101 - the cover for the pushbar housing was missing as well as the end cap. The sharp edges could cause injury.	C 166		
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	C 185		

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C 185	Continued From page 7 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. Review of records revealed that the fire rehearsal documentation did not meet the requirements of the licensure rules. Findings on May 22, 2018: a. The fire rehearsal logs did not include a brief 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: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on May 22, 2018:	C 189		

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C 189	Continued From page 8 a. At the time of survey, the fire alarm system was in trouble. The system was partially shut down. Areas down included the main corridor and the SCU. The panel indicated the trouble code "6" which stated that it was a ground fault problem. Interview with Staff revealed that the system failed at approximately 11:00 am. A fire watch had been initiated. The Fire Marshal was notified. Maintenance had contacted the fire alarm vendor and they arrived at 4:15 pm. A call from staff on May 23, 2018 at 7:55 am revealed that the central air was working, but the panel needed additional parts to complete. Confirmation on Friday, May 25, 2018 revealed that the panel had been repaired on Thursday, May 24. 2. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on May 22, 2018: a. The cross corridor doors to the 300 hall were propped open using a rag. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on May 22, 2018: a. 300 Hall Mechanical - there are two unsealed penetrations over the HVAC panel.	C 189		

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C 189	Continued From page 9 b. Boiler Room - there were seven unsealed penetrations where the copper pipes entered the ceiling and the fire caulk has deteriorated and separated in one of the cable bundles for the data wiring. c. Boiler Room - there was a small, 1/2" diameter hole in the ceiling of the boiler room. d. Boiler Room - there is a 6"x 12" hole at the base of the wall. e. Boiler Room - there is a 15" x 30" patch on the ceiling. The patch appears to be of suitable material, but does not appear to have been caulked and sealed. f. Boiler Room - there are three 4" PVC pipes that penetrate the ceiling which are sealed with fire caulk, but do not have collars. f. Pantry - there is a 1" copper water pipe penetrating the ceiling. The hole has not been sealed with fire caulk. g. 300 Hall Dining - there is a hole at the light in the high portion of the ceiling. h. 300 Hall Dining - there is a small penetration at the camera wiring. i. 300 Hall corridor - the sheetrock tape has separated at the edge of the coffered ceiling outside of Room 304. j. 300 Hall Clean Linen - there is a small 1" diameter hole at the light fixture. k. 308 - there is a gap around the sprinkler head. l. 300 Hall - there is a hole in the wall at the drinking fountain where the water line penetrates. m. Records room - there are holes in the ceiling where two copper pipes penetrate the ceiling. n. Kitchen - the escutcheon plate for the sprinkler head near the dining door has dropped leaving an opening in the ceiling. o. Dining Room - the sprinkler head near the kitchen door has shifted leaving a hole in the rated ceiling assembly and there is a small hole at the sprinkler head by the exterior exit.	C 189		

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C 189	Continued From page 10 p. Housekeeping - there is an open penetration at the plumbing pipe. q. Electrical closet 200 Hall - there is an open penetration at the speaker cable. r. Time Clock room - one of the cables has moved and pulled the ceiling finish and the attached fire caulk away from the penetration. s. Front entry portico - four of four sprinkler heads have dropped or the ceiling panel is damaged leaving holes in the underside of the portico. t. 100 Hall Electrical Room - the escutcheon plate at the sprinkler head has dropped leaving a gap in the ceiling. u. 100 Hall Corridor - there is a gap around the nurse call light at Room 101. v. Exit near Room 101 - there is a hole in the ceiling at the mounting bracket of the exit light/sign. w. Riser Room - there are two copper lines penetrating the ceiling that do not have fire caulk. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch. Findings on May 22, 2018: a. 300 Hall Dining - the corridor door does not latch when closed. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire.	C 189		

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C 189	Continued From page 11 Findings on May 22, 2018: a. 300 Hall Clean linen - items are stored within 18" of the ceiling. b. 200 Hall Clean linen - pillows and other items are stored to the ceiling. 6. Based on observation the mechanical equipment is not maintained in operating condition. Findings on May 22, 2018: a. The damper in the HVAC grille outside the 300 hall doors has a heavy accumulation of dust. b. Kitchen - the HVAC grilles have an accumulation of dust and grease. 7. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on May 22, 2018: a. Kitchen - the drain pipes for the icemaker and sinks were at the level or the floor drain or below and did not maintain a minimum 2" air gap. 8. Based on observation the facility's life safety equipment is not maintained in a safe manner. Directional arrows on exit lights/signs should indicate the direction of travel to an exit. Providing incorrect directions can jeopardize the safety of the residents, staff and visitors. Findings on May 22, 2018: a. The exit sign outside of the employee bath had both arrows uncovered, incorrectly indicating exits to the right and left. b. 100 Hall Exit near Room 101 - both of the	C 189		

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C 189	Continued From page 12 directional arrows were punched out incorrectly indicating exits to the right and left. 9. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on May 22, 2018: a. SCU Dining - the emergency light failed to illuminate when tested.	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; (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. Observations revealed that the facility failed to provide exhaust ventilation in the required areas. Findings on May 22, 2018: a. The central exhaust system for the bathrooms	C 199		

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C 199	Continued From page 13 connected to Room 320 was not working. b. Room 219 Bath - the exhaust fan is not working. c. Women's Guest Bath - the exhaust fan is not working. d. 100 Hall Resident's baths - the exhaust fans are not working.	C 199		