STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 and Ed Miller on 5-17-2018. Records indicate that the older portion of this facility was originally licensed on 7-1-1966. The 400 hall was added later in 1997 and was built fully sprinklered. The facility is now fully sprinklered. Based on this information we are requiring the older portions of the building to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the aged and Infirm, the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1967 NC State Building Code. The 400 hall must meet the 1996 NC State Building Code, the 1993 Rules for the Licensing of Domiciliary Homes, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: Based on observation, the bathroom door in room 210 would not close and latch for privacy.	C 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 133	Continued From page 1	C 133		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the hand grip provided at the toilet off room 308 was loosely mounted to the wall.	C 133		
C 143	Janitor's Closets-Locked 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: Based on observation, there were many cleaning chemicals stored in the mop room on 300 Hall which was found to be unlocked.	C 143		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 154	Continued From page 2 (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on interview with staff, some residents are considered confused and/or disoriented. Based on observation, the wander alarm provided did not work at exit on 300 Hall.	C 154		
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, there was a substance that appeared to be black colored mold found in the facility. Findings include the following locations;	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 3 a. On the wall in the laundry, b. On the wall in the oxygen storage room, c. On the wall by the old supply room in the basement, d. On the wall in the shower room on 400 Hall, e. On the ceiling in the sprinkler riser room. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 5-17-2018: a. The HVAC exhaust grill and radiation damper in the Mail Box room had an excessive accumulation of dust/lint. b. The HVAC return grill and radiation damper in room 103 had an excessive accumulation of dust/lint. 3. Based on observation, the walls were not kept clean and in good repair in the 100 Hall Dining room. Findings on 5-17-2018; a. There were several incomplete patches on the wall that had not been sanded and painted. b. The baseboard was damaged and hanging loose on the wall.	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:	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 4 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several (6) portable medical oxygen cylinders were stored in unapproved plastic crates and 3 in no container at all in the oxygen storage area in the basement. 2. Based on observation, the inspection tag at the range hood fire suppression system indicated it was last re-certified in June of 2017. Range hood fire suppression systems must be inspected and re-certified every 6 months. 3. Based on observation, an electrical outlet expander was in use in the kitchen. Electrical outlet expanders are not approved for use in Institutional Occupancies. Note; This deficiency was corrected during the survey. 4. Based on observation, a carpet strip was loose from the floor in the 200 Hall sitting area. Loose flooring materials present a trip and fall hazard. 5. Based on observation, a floor drain cover was not properly installed in the laundry. Loose floor drains covers present a trip and fall hazard.	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	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 5 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 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 2nd quarter of last year, there were no rehearsals done during the 1st or 2nd shifts. b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included little to no 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)	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several 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. Findings include: a. Hole in the ceiling at a pipe in the oxygen storage area in the basement, b. Hole, 10 inches by 12 inches in the ceiling of the laundry, c. Hole in the ceiling of the laundry at a flexible conduit, d. Hole in the ceiling of the laundry bathroom at a light fixture, e. Hole in the ceiling of the old supply room, f. Hole in the ceiling of the basement storage at a sewer line, g. Many unsealed penetrations in the Mechanical room in the basement with several electrical panels, h. Plaster has fallen off in places exposing the wood laths in the ceiling of the Mechanical room in the basement with several electrical panels, i. Gypsum wallboard installed but not finished with tape and compound in the Mechanical room in the basement with several electrical panels, j. Hole in the wall behind the door to the maintenance entry way, k. Plumbing access door, 36 inches by 36 inches, made of combustible material (plywood) and falling off the wall in soiled utility room on 300 Hall, l. Holes in the ceiling of the sitting area on 200 Hall,	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 m. Holes in the ceiling of the Activity closet, n. Hole at a pipe in the sprinkler riser room, o. Holes in wall in 100 Hall community bathroom. 2. Based on observation, many corridor doors are prevented from closing quickly and latching 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. The 2 hour door to the laundry chute does not close and latch consistently. b. The door to room 103 does not latch when closed. c. The door to room 303 does not latch when closed. d. The door to room 403 does not latch when closed. e. The door to room 405 does not latch when closed. f. The door to room 406 does not latch when closed. g. One of the doors to the 400 Hall dining room does not latch when closed. h. The door to the RCC office is cut into 2 pieces like a Dutch door. The top half of the door was not provided with automatic latching hardware. i. There were holes through the door to the Linens room on 400 Hall. j. A part is missing on the co-ordinator at the fire doors between the 400 Hall and the older portion of the facility. The missing part causes the doors to not close correctly consistently. k. The door to room 403 is very hard to open and close. 3. Based on observation the required one-hour fire rated ceilings were 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
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 8 locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings include: a. Escutcheon not tighly fitted to the ceiling in the closet in room 308, b. Escutcheon missing in the breezeway, c. Escutcheons (2) not tighly fitted to the ceiling in the 400 Hall Dining room, d. Escutcheon missing in the 100 Hall community bathroom, e. Escutcheon missing in the corridor to the 100 Hall courtyard. 4. Based on observation, the exit sign in the corridor near room 210 would not work on battery when tested. Exit signs that will not work properly on battery for at least 90 minutes could endanger the residents and staff. 5. Based on observation, electrical outlet plates were missing in the basement storage area. Missing electrical plates expose energized wires and parts. 6. Based on observation, there was an excessive accumulation of lint in the sprinkler head in the visitor's bathroom. Dirt/lint on a sprinkler head could delay activation in an actual fire. 7. Based on observation, there was water pipe leaking in the basement old kitchen.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: 01 B. WING _____	05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	337 HOSPITAL STREET MOCKSVILLE, NC 27028

(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 195	Continued From page 9 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature was checked and found to be 120 degrees F. in the visitor's bathroom which the residents also use.. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.	C 195		
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.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: **01** B. WING _____	**05/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	**337 HOSPITAL STREET MOCKSVILLE, NC 27028**

(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 10 (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 maintain required exhaust in a working condition. Findings include; a. The exhaust provided was not working in the bathroom off room 210. b. The exhaust provided was not working in the bathroom off room 308. c. The exhaust provided was not working in the shower room on 400 Hall.	C 199		