Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090033	A. BUILDING: **02** B. WING ______	R **05/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	**1101 BAUCOM ROAD** **MONROE, NC 28110**

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on May 9, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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: 1. Based on record review, and interview with Staff in Charge the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on May 9, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor. b. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor. c. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, performed on April 26, 2017 listed the need for the compressor to be replaced, some corroded exterior sprinklers heads to be replaced, five year gauge replacement and other items.	{C 111}	1. A NEW FIRE MONITROING COMPANY (UNIFOUR FIRE SYSTEMS) HAS BEEN CONTRACTED TO COMPLETE ALL FIRE MONITORING, ANNUAL INSPECTIONS, AND TESTING. THE FIRE MARSHALL HAS BEEN CONTACTED TO FIND OUT HOW TO PROPERLY REQUEST THEY COMPLETE INSPECTIONS EACH YEAR. NEW FIRE MONITORING PANEL WAS INSTALLED 05/14/2018. QUALITY SPRINKLER HAS ALREADY COMPLETED REPAIRS ON COMPRESSOR. BEFORE LAST INSPECTION. 2. ALL FIRE ALARM SYSTEM INSPECTION, TESTING REPORTS AND FIRE MARSHALL INSPECTIONS ARE SCHEDULED TO BE COMPLETED BY 06/15/2018.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/01/2018

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{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: 1. Based on observation, the facility failed to provide tubs, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 9, 2018: a. Men - the tub has a loose hand grip (grab bar).	{C 133}	1. ALL HAND GRIPS HAVE BEEN CHECKED THROUGHOUT THE COMMUNITY. NO OTHER HAND GRIPS WERE FOUND LOOSE. THE HAND GRIP HAS BEEN REPAIRED. 2. ALL HAND GRIPS WILL BE CHECK WITH MONTHLY MAINENTENCE LOGS. STAFF HAVE BEEN INSERVICED TO NOTIFY ADMINISTRATOR IMMEDIATELY OF ANY ITEMS NEEDING REPAIR	
{C 183}	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger.	{C 183}	1. ALL FIRE EXTINGUISHERS WERE CHECKED AND NEW CARDS HAVE BEEN ADDED TO CHECK MONTHLY TO LOG DATES OF MONTHLY INSPECTIONS. THE CARDS WILL BE COMPLETED EACH MONTH AT THE END OF THE FIRE DRILL FOR MONTHLY INSPECTION. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE MONTHLY INSPECTIONS OF FIRE EXTINGUISHERS.	

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{C 183}	Continued From page 2 Findings on May 9, 2018: a. Entire Building - since the last annual maintenance, performed in September 2017, there has been no documentation of the portable fire extinguisher's monthly in house inspections.	{C 183}		
{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: 2. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on May 9, 2018: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	{C 185}	1. FIRE INSERVICE WAS COMPLETED WITH ALL STAFF, BASED ON THE LOCAL FIRE PREVENTION CODE. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE FIRE REHERSAL EACH MONTH FOR A DIFFERENT SHIFT WITH FULL DETAILS AND DESCRITPION OF COMPLETION OF FIRE DRILL. THE REHERSALS WILL BE MAINTIANED IN A LOG FOR VIEWING.	
{C 189}	Building Equipment Maintained Safe, Operating	{C 189}		

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{C 189}	Continued From page 3 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, the Fire Alarm system was not maintained in a fully operating condition. Findings on May 9, 2018: a. Fire Alarm Panel - the fire alarm panel was showing a trouble signal. According to facility staff the phone company had been on site this morning and had left to investigate lines down the road. Staff was operating under instructions to call 911 if fire alarm system activates. Fire Alarm System was tested and audible and visible annunciation devices along with the hold open devises worked. 4. 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 9, 2018: b. Can Wash - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 5. Based on observation the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Findings on May 9, 2018: a. CAM Room in Laundry - the exhaust	{C 189}	1. A NEW FIRE MONITROING COMPANY (UNIFOUR FIRE SYSTEMS) HAS BEEN CONTRACTED TO COMPLETE ALL FIRE MONITORING, ANNUAL INSPECTIONS, AND TESTING. THE FIRE MARSHALL HAS BEEN CONTACTED TO FIND OUT HOW TO PROPERLY REQUEST THEY COMPLETE INSPECTIONS EACH YEAR. NEW FIRE MONITORING PANEL WAS INSTALLED 05/14/2018. 2. ALL FIRE ALARM SYSTEM INSPECTION, TESTING REPORTS AND FIRE MARSHALL INSPECTIONS ARE SCHEDULED TO BE COMPLETED BY 06/15/2018. ALL CEILING HAVE BEEN CHECKED FOR GAPS OR OPENINGS. FIRE STOP WAS ADDED TO DRYER ROOM AND CAM WASH ROOM. ADMINISTRATOR WILL CHECK MONTHLY FOR AN OPENING GAPS, OR CRACKS TO ENSURE THAT NO FIRE CAN PENTRATE THROUGH THOSE AREAS.	

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{C 189}	Continued From page 4 ventilation system is not working and grille loose. 8. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or is delayed in responding as design. Findings on May 9, 2018: a. FDC inlet connection area - the building was not equipped with a FDC sign directing the fire department to their connection area.	{C 189}	FDC SIGN OREDER AND PLACED ABOVE INLET CONNECTION AREA SIGNED BOLTED INTO BRICK TO ENSURE SIGN STAYS IN PLACE.	