STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019019	A. BUILDING: 01 B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

(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 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	**Construction Survey 5/22/2108 for** **Cambridge Hills Assisted Living** **Biennial Survey Findings and Solutions** • **Below are the corrective actions that have been corrected.**	
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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: MP WA — TITLE: Executive Director — (X6) DATE: 6/20/18

PRINTED: 06/05/2018
FORM APPROVED

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
	HAL019019	A. BUILDING: 01 B. WING _____	05/22/2018

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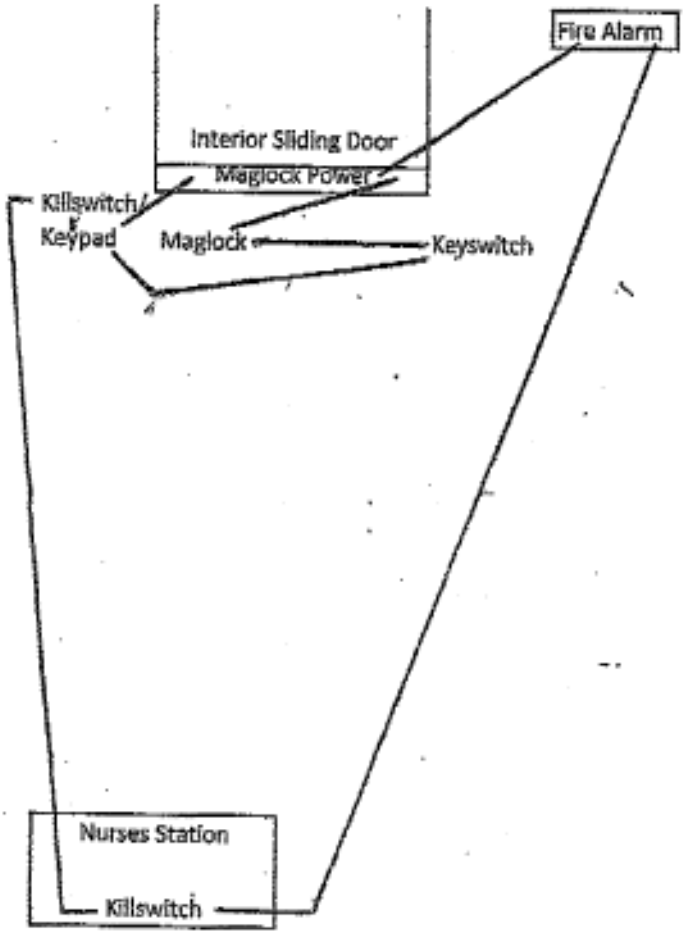
C 101	Continued From page 1 1. Based on observation, the facility failed to meet the requirements of the NCSBC regarding special locking at the time of construction or alteration. Findings on May 22, 2018: a. At the time of survey, the fire alarm system was in trouble and the magnetic locks in the special 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	C101- A. Staff have been trained to deactivate the locking system. See item D, B. Wiring diagram for magnetic locking system is framed and posted on wall next to fire panel at 200 hall nurses station. C. The override key for the 100 hall is kept with the 100 hall med tech. The spare keys are located in the nursing office and maintenance office key boxes. D. Override key for the Front door is kept in the nursing office and maintenance office key boxes. There is an override button marked at the front door, and beside the nurse's station fire panel in a clear case attached to the door and wall. The box says "In case of a fire, lift cover, push green button to exit." This can and will override the cam lock on door at anytime the button is pushed. This door, and locking device for front main door was approved on 3/24/16 by Fire Marshall, Thomas Bender. See Attachment 1.	
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		

Cambridge Hills Assisted Living
Interior Main Entrance - Special Locking Wiring Diagram
Prepared March 2016 by Piedmont Door Solutions - Terry Arnold



Attachment 1

PR FIRE20160081

Chatham County Fire Marshal's Inspection Report

Name of Business / Facility: Cambridge Assisted Living	Owner or Manager: Julie Brown
Address: 140 Brookstone Trooper Lane, Pittsboro, NC 27312	Telephone: 919 545-9573
	Inspection Date: March 24, 2016 Time: 1:50 PM
Building Use Code: FAS	Occupancy Type: P
	Square Footage:

☑ Original Inspection ☐ First Re-Inspection ☐ Second Re-Inspection ☐ Third Re-Inspection

	COMPLIANCE		
BUILDING	N/A	Yes	No
Exit Access			
Exit Signs / Lights	/		
Aisle Space			
Door Locks		✓	
Ingress / Egress			
ELECTRICAL			
Circuit Panel	/		
Fixtures			
Permanent Wiring			
Extension Cords			
FIRE PROTECTION			
Fire Extinguishers	/		
Sprinkler / Standpipe			
F.D. Connection			
Fire Alarm Systems		✓	
Hood System	/		

	COMPLIANCE		
FLAMMABLE LIQUIDS	N/A	Yes	No
Excessive Amounts	/		
Storage Practices			
Hazardous Chemicals			
Compatibility			
HEATING EQUIPMENT			
Appliances	/		
Vents			
Combustible Clearances			
Shut Off Valve			
Water Heater Relief Valve			
Inspection Date			
HOUSEKEEPING			
Rubbish	/		
Inside Combust. Storage			
Outside Combust. Storage			
Emergency Lighting			

Comments / Corrections Inspection for special locking device for front main door System accepted as tested

Piedmont Door Solutions
556 Arbor Hill Road, Suite D
Kernersville, NC 27284
(336) 643-3999

Status

☑ In Compliance ☐ Not In Compliance
Re-Inspection Date _____

Amount Due to Chatham County for Fire Inspections $ 75.00

For more information regarding Chatham County's Fire Inspection Program or the statewide fire code, contact the Chatham County Fire Marshal's Office at 545-8342 ; 545-8467 or 542-8259, Monday through Friday, 8 a.m. until 5 p.m.

Owner / Operator Julie Brown Inspector [signature] CCFM CCEI

Your Comments are welcome and appreciated!

Please complete our Customer Service Survey at www.chathamnc.org/fire marshal

Tear along perforation and send bottom portion with payment.

The amount below is due and payable to the Chatham County Building Inspections Department within 15 days following the date of inspection.

Business Name Cambridge Hill Assisted Living

Amount Due ..... $ 75.00

Amount Remitted ..... $ _____

MAR 30 2016 BY KBL-CC

FAS

MAIL PAYMENT TO: Chatham County Building Inspections Office
PO Box 548
Pittsboro, N. C. 27312-0548

P/FAS March 24 2016

Inspect.Doc Rev. 01-19-88; 2-12-10; 07-3-13

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: Cambridge Hills Assisted Living

Address: 140 Brookstone Dr. Pittsboro, NC

Representative of protected property (name/phone): Julie Brown 919-545-9573

Authority having jurisdiction: Chatham County Fire Marshall

Address/telephone number:

	Organization name /phone	*Representative name /phone*
Installer	SimplexGrinnell	919-279-6400
Supplier	SimplexGrinnell	
Service organization	SimplexGrinnell	

Location of record (as-built) drawings: On Site

Location of operation and maintenance manuals:

Location of test reports:

A contract for test and inspection in accordance with NFPA standard(s)

Contract No(s): N/A Effective date: N/A Expiration date: N/A

System Software

(a) Operating system (executive) software revision level(s):

(b) Site-specific software revision date:

(c) Revision completed by: SimplexGrinnell
(name) (firm)

1.Type (s) of System or Service

_____ *NFPA 72*, Chapter 6 Local

If alarm is transmitted to location(s) off premises, list where received:

_____ *NFPA 72*, Chapter 8 - Remote Station

Telephone numbers of the organization receiving alarm:

Alarm:

Supervisory:

Trouble:

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm:

Indicate how alarm is retransmitted:

_____ *NFPA 72*, Chapter 8 - Proprietary

Telephone numbers of the organization receiving alarm:

Alarm:

Supervisory:

Trouble:

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm:

Indicate how alarm is retransmitted

X *NFPA 72*, Chapter 8 - Central Station

Prime contractor

Central station location

(NFPA 72, 1 of 4)

FIGURE 4.5.2.1 Record of Completion.

Means of transmission of signals from the protected premises to the central station:

___ McCulloh ___ Multiplex ___ One-way radio

X Digital alarm communicator ___ Two-way radio ___ Others

Means of transmission of alarms to the public fire service communications center:

(a) _____

(b) _____

System location: _____

___ *NFPA 72*, Chapter 9 Auxiliary

Indicate type of connection: ___ Local energy ___ Shunt ___ Parallel telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Jeffrey Wilkinson on 3/24/16 includes the devices shown in 5 and 6, and has been in service since N/A

X *NFPA 72*, Chapters (1) (2) (3) (4) (5) (6) (7) (8) 9 (10) 11 (circle all that apply)

X NFPA 70, *National Electrical Code*, Article 760

X Manufacturer's instructions

___ Other (specify): N/A

Signed: _____ Date: 3/24/16

Organization: SimplexGrinnell

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached N/A

All operational features and functions of this system were tested by Jeffrey Wilkinson date 3/24/16 and found to be operating properly in accordance with the requirements of:

X *NFPA 72*, Chapters (1) (2) (3) (4) (5) (6) (7) (8) 9 (10) 11 (circle all that apply)

X NFPA 70, *National Electrical Code*, Article 760

X Manufacturers instructions

___ Other (specify) N/A

Signed: _____ Date: 3/24/16

Organization: SimplexGrinnell

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity: _____ Style: _____ Class: _____

(NFPA 72, 2 of 4)

FIGURE 4.5-2.1 Continued

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits (see *NFPA 72, Table 6.5*):

Quantity:_____ Style:_____ Class:_____

MANUAL

(a) Manual stations Noncoded_____ Transmitters_____ Coded_____ Addressable_____

(b) Combination manual fire alarm and guard's tour coded stations_____

AUTOMATIC

Coverage: Complete_____ Partial_____

Selective_____ Nonrequired_____

(a) Smoke detectors_____ Ion_____ Photo_____ Addressable,_____

(b) Duct detectors_____ Ion_____ Photo_____ Addressable,_____

(c) Heat detectors_____ FT_____ RR_____ FT/RR_____ RC_____ Addressable,_____

(d) Sprinkler waterflow indicators: Transmitters_____ Noncoded_____ Coded_____ Addressable_____

(e) The alarm verification feature is disabled_____ or enabled_____ changed from_____ seconds to_____ seconds.

(f) Other (list):_____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

(a)_____Coded stations

(b)_____Noncoded stations

(c)_____Compulsory guard's tour system comprised of_____ transmitter stations and intermediate stations

Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM

Check if provided

(a)_____Valve supervisory switches

(b)_____Building temperature points

(c)_____Site water temperature points

(d)_____Site water supply level points

Electric fire pump:

(e)_____Fire pump power

(f)_____Fire pump running

(g)_____Phase reversal

Engine-driven fire pump:

(h)_____Selector in auto position

(i)_____Engine or control panel trouble

(j)_____Fire pump running

ENGINE-DRIVEN GENERATOR:

(a)_____Selector in auto position

(b)_____Control panel trouble

(c)_____Transfer switches

(d)_____Engine running

Other supervisory function(s) (specify):_____

(NFPA 72, 3 of 4)

FIGURE 4.5-2.1 Continued

7. Annunciator(s)

Number:_____ Type:_____ Location:_____

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels:_____ Single:_____ Multiple:_____

Quantity of speakers installed:_____ Quantity of speaker zones:_____

Quantity of telephones or telephone jacks included in system:_____

Quantity and the class of notification appliance circuits connected to system *(see NFPA 72, Table 6.7)*:

Quantity:_____ Style:_____ Class:_____

Types and quantities of notification appliances installed:

(a) Bells_____ With Visible_____

(b) Speakers_____ With Visible_____

(c) Horns_____ With Visible_____

(d) Chimes_____ With Visible_____

(e) Other:_____ With Visible_____

(f) Visible appliances without audible:_____

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage: 120V Current rating: 9A

Overcurrent protection: Type: Trip Breaker Current rating: 20A

Location:_____

(b) Secondary (standby): Storage battery: X Amp-hour rating: 10ah

Calculated capacity to drive system, in hours: 24

Engine-driven generator dedicated to fire alarm system:_____

Location of fuel storage:_____

(c) Emergency system used as backup to primary power supply:_____

Emergency system described in NFPA 70, Article 700:_____

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

N/A

System deviations from the referenced NFPA standard(s) are: This Certifies one (1) magnetic door holder and alarm release function. All devices were tested and function properly.

(signed) for installation contractor/supplier (title) Technician (date) 3/24/16

(signed) for alarm service company (title) Technician (date) 3/24/16

(signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witness if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title) Chatham County Fire Inspector (date) 3/24/2016

(NFPA 72,4 of 4)

FIGURE 4.3.2.1 *Continued*

3.3. A wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel.

3.4. An on/off emergency release switch(es) must be capable of interrupting power to all electromagnetically locked doors in the facility. Release switch(es) shall be located and indentified at each nurses station serving the locked unit and any other control station responsible for the evacuation of the occupants of the locked units which are manned 24 hours.

3.5. An additional emergency release switch shall be provided for each locked door and located within 3 feet (919 mm) of the door, and shall not depend on relays or other devices to cause the interruption of power.

3.6. Any required emergency release switch shall interrupt power to the locking device(s). If any required emergency release switch is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Additional convenience release devices may be provided.

4. Each special locking installation shall be approved by the appropriate fire and building inspection authority prior to installation, after installation, and prior to initial use and reviewed periodically thereafter.

5. Emergency lighting shall be provided at the door.

1008.1.9.7 Delayed egress locks. *Approved*, *listed*, delayed egress locks shall be permitted to be installed on doors serving any occupancy except Group A, E and H occupancies in buildings that are equipped throughout with an *automatic sprinkler system* in accordance with Section 903.3.1.1 or an *approved* automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors unlock in accordance with Items 1 through 6 below. A building occupant shall not be required to pass through more than one door equipped with a delayed egress lock before entering an *exit*.

1. The doors unlock upon actuation of the *automatic sprinkler system* or automatic fire detection system.
2. The doors unlock upon loss of power controlling the lock or lock mechanism.
3. The door locks shall have the capability of being unlocked by a signal from the fire command center.
4. The initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds (67 N) is applied for 1 second to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.

   Exception: Where approved, a delay of not more than 30 seconds is permitted.

5. A sign shall be provided on the door located above and within 12 inches (305 mm) of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS.
6. Emergency lighting shall be provided at the door.

1008.1.9.8 Electromagnetically locked egress doors. Doors in the *means of egress* that are not otherwise required to have panic hardware in buildings with an occupancy in Group A, B, E, M, R-1 or R-2 and doors to tenant spaces in Group A, B, E, M, R-1 or R-2 shall be permitted to be electromagnetically locked if equipped with *listed* hardware that incorporates a built-in switch and meet the requirements below:

1. The *listed* hardware that is affixed to the door leaf has an obvious method of operation that is readily operated under all lighting conditions.
2. The *listed* hardware is capable of being operated with one hand.
3. Operation of the *listed* hardware releases to the electromagnetic lock and unlocks the door immediately.
4. Loss of power to the *listed* hardware automatically unlocks the door.

1008.1.9.9 Locking arrangements in correctional facilities. In occupancies in Groups A-2, A-3, A-4, B, E, F, I-2, I-3, M and S within correctional and detention facilities, doors in *means of egress* serving rooms or spaces occupied by persons whose movements are controlled for security reasons shall be permitted to be locked when equipped with egress control devices which shall unlock manually and by at least one of the following means:

1. Activation of an *automatic sprinkler system* installed in accordance with Section 903.3.1.1;
2. Activation of an *approved* manual alarm box; or
3. A signal from a *constantly attended location*.

1008.1.9.10 Stairway doors. *Interior stairway means of egress* doors shall be openable from both sides without the use of a key or special knowledge or effort.

Exceptions:

1. *Stairway* discharge doors shall be openable from the egress side and shall only be locked from the opposite side.
2. This section shall not apply to doors arranged in accordance with Section 403.5.3 of the *International Building Code*.

PRINTED: 06/05/2018
FORM APPROVED

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
	HAL019019	A. BUILDING: 01 B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

(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 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	C111- Full flow test was conducted on June 12th, 2018, by Fess Fire Protection. See copy of report. **Attachment 2.** Maintenance Director was retrained 6/15/2018 on the requirements for conducting full flow testing per regulations. Executive Director will review all inspections to ensure compliance has been met.	
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	C116- A. Washer and Dryer on 100 hall have been removed on 6/6/2018. B. The original door is in place for the space and should meet the requirement for the original approved intended use of the space.	

Attachment 2

FESS FIRE PROTECTION

CHARLESTON
CHARLOTTE
RALEIGH-DURHAM

Bill To: Cambridge Hills
140 Brookstone Loop
Pittsboro, NC.
Phone: 919-545-9573

WORK ORDER# [redacted] Service Date: 6/12/18

Technician: Lacyee Barnes
Service Address: 140 Brookstone Loop
Pittsboro, NC.
Contact Name: ~~Jaime Brown~~ Mike Walters
Contact Number: 919-545-9573

I authorize FESS to proceed with the work.
Luis P (Print Name) Luis Portero (Signature)

Contract Work ☐
Time & Materials ☐
Emergency Call ☐

Description of Work: Arrived to perform full flow trip on 2 dry systems
FESS Fire Protection is not responsible for any damages that may occur from the tripping of dry valves.

Travel Time / Distance: Overnight Stay Required ☐ YES ☒ NO

MATERIALS USED	QTY	MATERIALS USED	QTY

Notes: Full flow tripped dry systems, left water pressure on for 30 mins, appears to not be any leaks.

Job # CT-007-1

Labor

TECH NAME	ST	OT	DT
Lacyee Barnes	8		
Ken Cuevas	8		

Left System in Service	Main Drain Test Performed	1st Static 70	Return Trip Required	Lift Rental	Equipment Called in for RETURN/PICKUP	Valve Seal
☑ YES ☐ NO	☒ YES ☐ NO	Residual 45	☐ YES ☑ NO	☐ YES ☑ NO	☐ YES ☑ NO	#
		2nd Static 65				

NOTE: FIELD WORK ORDER IS EXPRESSLY SUBJECT TO AND INCLUDES THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF.

Customer Signature: MP
(Customer Signature confirms all products and services listed have been returned to customer)

Print Name: Michael Walters Date: 6, 12, 2018

Thanks for Your Business!

WHITE INVOICING YELLOW CUSTOMER PINK DO NOT DETACH

dba JOHNSON'S AUTOMATIC SPRINKLER
P.O. Box 1307
Mocksville, North Carolina 27028
Phone (910)469-1672 / Fax (866)275-4157
Contractor's License: NC#25502 / SC FSC 1612
Website – www.fesinc.net

Report To : Cambridge Hills
Street: 140 Brookstone Ln.
City & State: Pittsboro, N.C. Zip: 27312
Attn: Michael Wallem

Building or Location: 140 Brookstone Ln. Pittsboro,N.C.
Inspector: Lance Barnes
Date: 6/12/2018
Systems: 1 and 2

Type of Inspection: Quarterly: ☐ Semi-Annual: ☐ Annual: ☒

		YES	N.A.*	NO**
1.	**General**			
	a. Is the building occupied according to information furnished by owner or owner's representative?	X		
	b. Is occupancy same as previous inspection according to information furnished by owner or owner's representative?	X		
	c. Are all systems in service?	X		
	d. Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative?	X		
	e. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?		X	
	f. Are all required spare heads, wrenches, signage, hydraulic placards, and sprinkler head sticker(s) present?		X	
	g. Has piping had an internal inspection within the last 5 years?		X	
	h. Has drydpre-action/deluge system piping been leak tested within the last 3 years? Date?		X	
2.	**CONTROL VALVES (See section 11)**			
	a. Are all sprinkler system main control valves open?	X		
	b. Are all other valves in proper position?	X		
	c. Are all control valves in good condition and sealed or supervised?	X		
	d. All valves appear to be conditioned space above 40° F?	X		
3.	**WATER SUPPLIES (See section 12)**			
	a. If backflow device is present, test and condition satisfactory?		X	
	b. Backflow device forward flow test conducted: Date: GPM:		X	
	c. Was a water flow test made and results satisfactory?		X	
4.	**TANKS, PUMPS, FIRE DEPT. CONNECTIONS**			
	a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
	b. Are fire dept. connections in satisfactory condition, coupling free, caps in place and check valves tight?	X		
5.	**WET SYSTEMS**			
	a. Are alarm valves, water-flow indicators and retards in satisfactory condition?	X		
6.	**DRY SYSTEMS (See Section 14)**			
	a. Is dry valve in service and in good condition?	X		
	b. Is air pressure and priming water level normal?	X		
	c. Is air compressor in good condition if equipped?	X		
	d. Were low points drained during fall and winter inspections?	X		
	e. Are quick-opening devices in service?	X		
	h. Have dry valves been trip tested satisfactorily as required? ☐ Partial ☒ Full	X		
	i. Are dry valves adequately protected from freezing?	X		
	j. Are valve house and heater condition satisfactory?	X		
7.	**PREACTION & DELUGE SYSTEMS**			
	a. Were valves tested as required?		X	
	b. Were all heat responsive systems tested and results satisfactory?		X	
	c. Were supervisory features tested and results satisfactory?		X	
8.	**ALARMS**			
	a. Are water motor and gong test satisfactory?		X	
	b. Is electric alarm test satisfactory?	X		
	c. Is supervisory alarm service test satisfactory?	X		

Rev 03/17 ** Explain "NO" answerers on Page 2 * Not Applicable

dba JOHNSON'S AUTOMATIC SPRINKLER
P.O. Box 1337
Mocksville, North Carolina 27028
Phone (910)489-1672 / Fax (866)275-4157
Contractor's License: NC#25592 / SC FSC 1812
Website – www.fessinc.net

Building or Location: 140 Brookstone Ln. Pittsboro,N.C. Systems: 1 and 2
Date: 6/12/2018 Inspector: Layce Barnes

9	SPRINKLERS – PIPING	YES	N.A.*	NO**
a.	Are all sprinklers appear to be in good condition, not obstructed, and free of corrosion or loading?		X	
b.	All wet sprinklers less than 50 years old, dry sprinklers less than 10 years old, and quick response sprinklers less than 20 years old?		X	
c.	Are extra sprinklers readily available?		X	
d.	Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory?		X	

10. SYSTEMS

System:	Wet	Dry	PAV	Deluge	Size	Make	Model
1		X			6	Viking	F-1
2		X			6	Viking	F-1

11.

CONTROL VALVES	#	Type?	OPEN		SECURED		EXERCISED		SIGNS	
			Yes	No	Yes	No	Yes	No	Yes	No
City Connection Control Valve			Yes	No	Yes	No	Yes	No	Yes	No
Tank Control Valve			Yes	No	Yes	No	Yes	No	Yes	No
Pump Control Valve			Yes	No	Yes	No*	Yes	No	Yes	No
Backflow Device	2	OS&Y	Yes	No	Yes	No	Yes	No	Yes	No
Sectional Control Valve			Yes	No	Yes	No	Yes	No	Yes	No
System Control Valve	2	Grooved butterfly valves	Yes	No	Yes	No	Yes	No	Yes	No

12. WATER FLOW TEST

Water Pressure? City 65 PSI Tank ____ PSI Fire Pump ____ PSI

System Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Air Pressure Trip Point	Waterflow (Seconds)	Trip time (Seconds)
1	2	55	40	60	28	70	6
2	2	70	45	65	33	52	8

13. Explanation of any "NO" answers/Comments

14. Recommended improvements.

15. Miscellaneous Notes:
Is heat trace present and appear to be operating normally? Yes ☐ No ☒ N/A ☐
Date of dry system full trip: 6/12/2021

Rev 09/17 ** Explain "NO" answers on Page 1 in Item #14 * Not Applicable

Inspector Signature: Layce Barnes Date: /12/201 Accepted by:

dba JOHNSON'S AUTOMATIC SPRINKLER
P.O. Box 1307
Mocksville, North Carolina 27028
Phone (919)409-1822 / Fax (866)275-4157
Contractor's License: NC#25932 / SC FSO 1012
Website – www.fesslive.net

Building or Location: 140 Brookstone Ln. Pittsboro
Date: 6/12/2018

Systems: 1 and 2
Inspector: Lonnie Barnes

Explanation of any "NO" answers/Comments (Continued)

1) Full trip only, annual inspection done on 6/2/18.
2) After tripping systems left water pressure on for 30 minuets. Didn't see any water leaks coming below ceiling.

Comments (Continued)

Rev 05/17

Inspector Signature:	Date:	Accepted by:
Lonnie Barnes	6/12/2018	

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
	HAL019019	A. BUILDING: 01 B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

(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 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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Division of Health Service Regulation

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	HA1019019	A. BUILDING: 01 B. WING	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	C150- A. A staff training was held on May 24rth to review and refresh staff with appropriate protocol when fire alarm goes down, or is set off. See copy of report. **Attachment 3** B. The ladder in the hallway belonged to the contractor working to diagnose issue with fire alarm panel. The ladder was removed when finished his work.	
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	C153- A. Exit door hardware replaced by a single hand motion door knob.	

Attachment 3

5/24/2018

When the fire alarms go down, several things need to go in to place immediately to assure the safety of our residents:

- The 100 hall Exit doors unlock. Staff on 100 hall need to start monitoring all doors and residents. Staff includes, but is not limited to; Nursing staff, Activity staff, Maintenance, Housekeeping, or Dietary. A check of all residents needs to be completed at least every 30 minutes to assure no one has gone out through any of the doors.
- DO NOT PLACE ANYTHING in front of fire doors under ANY circumstances. Fire Door walkways must stay clear AT ALL TIMES. No exceptions!
- A staff member in charge needs to assign someone to do 30 minute walk through of the entire building and start the Fire Watch Log immediately.
- Notify Luis in Maintenance, or any other Department Head that the Fire Alarm system has stopped working.

The Fire Watch will continue until the Fire Alarms are back online and working. It must be done every 30 minutes around the clock.

Cambridge Hills Assisted Living

Education Sign in sheet

Program: Safety - Fire Doors

Instructor: Lisa Ridge Health + Wellness Director

AV Aides: see attached handout

Location: 300 hall activity room

Date: 5/24/18

Program Length: 1 hr **Time:**

Program Objectives: Understanding protocal + procedure

NAME-PRINT	NAME-SIGNATURE	TITLE
Lisa Ridge	Lisa Ridge LPN	HCD
Regina Bartshe	[illegible]	Asst Admin
Luz M. Naranjo	[illegible]	House Keeper
Luis Restrepo	Luis Restrepo	Maintenance Director
Patricia S[illegible]	Patricia S[illegible]	Housekeeping
Adeny Abelardo	[illegible]	laundry
Abilio [illegible]	[illegible]	Maint.
Crystal Hawkins	Crystal Hawkins	med Tech/CNA
Mamie Cuyler	Mamie Cuyler	CNA
Katina Walker	Katina Walker	med Tech/CNA
Kenneth [illegible]	[illegible]	Med tech
Charity Thompson	[illegible]	CNA
Raymond Goldston JR	Raymond Goldston Jr	Medtech
Shirley mcleod	Shirley mcleod	med-tech
Carolina Acosta	Carolina Acosta	CNA

Cambridge Hills Assisted Living

Education Sign in sheet

NAME-PRINT	NAME-SIGNATURE	TITLE
Cheryl Oreshack	Cheryl Oreshack	Activity Director
Patricia Sessums	[illegible]	Housekeeping
Minnie Harris	Minnie Harris	CNA
Tony Lassiter	Tony Lassiter	Housekeeping/Maintence
Angela deNuinck	Angela deNuinck	Activity Manager
Richard Walters	[illegible]	Executive Director
Ronald P. Stubbs	[illegible]	HR Dir / MKT Dir
Raymond Goldston JR	Raymond Goldston Jr	medtech
Dorcel Hall	Dorcel Hall	dietary aide
Luz Na		
Lakeshia Green	Lakeshia Green	PCA
Sherry Stinson	[illegible]	med-Tech
Priscilla Goldston	Priscilla Goldston	med-tech
Symetra Alston	Symetra Alston	CNA
Susan Worthy	Susan Worthy	Hairdresser
Monica Sporer	Monica Sporer	Bd Manager
Kasie May	Kasie May	CNA
Kimberly Holloway	Kim Holloway	Dietary aide
Annie Brim	Annie Brim	Dietary
Rosa Bullock	Rosa Bullock	Dietary
Madison Tilley	Madison Tilley	Intern
Ashley Martin	Ashley Martin	Activity Director
Terron Bethea	Terron Bethea	PCA

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	HAL019019	A. BUILDING: 01 B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

(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 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	C164- A. The ceiling in main dining room HVAC area has been fixed. B. 200 hall access panel has been fixed and repainted. C. HVAC vent has been fixed. D. Room 107 bath, nails have been removed and holes filled. (above wardrobe)	
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	C166- 1A. Oxygen bottles were removed from resident's room and returned to vendor. Resident no longer on oxygen. Other residents now have appropriate cylinder holders. 2A. The barrel bolt latch has been removed from the closet containing 100 hall clean linen. 2B. The end cap housing cover has been put on the panic release bar by Room 101.	
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	C185- A. Fire rehearsals are completed and logged. Each rehearsal is now including a description of the drill and purpose. See attachment 4.	

Attachment 4

Cambridge Hills Assisted Living
Fire Drill Report

Date 5/29/18 Time 11.06 Shift Day

Instructor Luis Restrepo Title Maintenance Director

Response time 11.08

Employee name (must be legible)

Angela de Muinck	Patricia Summerlee
Patsy Cross	Amber Moore
Charity Thompson	Abiro Abelarses
Kalina Walker	Kim Fyan
Lurale Watson	Kemondy Foushee
Angel McMath	Kelly Guerado
Lisa Bullock	Dorsel Hazard
Kimberly Harney	Clif Overholt
Annie Brim	Jasmine Dominguez
Rachael Allman	Luz Naranjo S.
Regina Bartsche	MO Watt
Tony Jenifer	Lisa Ridge
Shirley Malcot	

Description of rebearsal 300 Hallway Sunroom

responce time - 2 mins'

fire Drill training, staff responded to locator with extinguishers, Alarm reset when test was over

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	HAL019019	A. BUILDING: 01 B. WING	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	C166- 1A. Oxygen bottles were removed from resident's room and returned to vendor. Resident no longer on oxygen. Other residents now have appropriate cylinder holders. 2A. The barrel bolt latch has been removed from the closet containing 100 hall clean linen. 2B. The end cap housing cover has been put on the panic release bar by Room 101.	
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	C185- A. Fire rehearsals are completed and logged. Each rehearsal is now including a description of the drill and purpose. See attachment 4.	

Attachment 4

Cambridge Hills Assisted Living
Fire Drill Report

Date 5/29/18 Time 11:06 Shift Day

Instructor Luis Restrepo Title Maintenance Director

Response time 11:08

Employee name (must be legible)

Angela de Muinck	Patricia Summers
Patsy Cross	Amber Moore
Charity Thompson	Silvio Estevanes
Kalina Webber	Kim Ryan
Lenale Watson	Kemonty Toushee
Angel McMath	Kelly Cuevas
Lisa Bullock	Dorsel Hazard
Kimberly Harvey	Chyl Overhelt
Annie Bass	Jasmine Dominguez
Rachael Allman	Luz Naranjo S.
Regina Bartone	MB WA
Tonia Foster	Lisa Ridge
Shirley Metcalf	

Description of rehearsal 300 Hallway Sunroom
response time - 2 mins
Fire Drill training, staff responded To locator with extinguishers, Alarm reset when test was over

Cambridge Hills Assisted Living
Fire Drill Report

Date_____ **Time**_____ **Shift**_____

Instructor_____ **Title**_____

Response time_____

Employee name (must be legible)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Description of rehearsal_____

_____

_____

_____

_____

_____

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	HAL019019	A. BUILDING: 01 B. WING	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019019	A. BUILDING: 01 B. WING	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	C189- 1A. All fire alarm systems are up and running properly. 2A. All cross corridor doors that were propped open to 300 hall were removed of props. 3A. All penetrations have been filled with fire caulk. 4A. The 300 hall Dining room doors now latches completely. 5A. All storage closets have been marked with a 18 inch line from the ceiling to ensure items are not stored higher that the line. 6A. All HVAC dampers in the building have been removed, cleaned inside and out of dust and dirt. 7A. Kitchen drain pipes have been cut to maintain a 2 inch air gap. 8A. The exit signs have been checked and adjusted to show the correct arrow to the exit. 9A. The emergency light was replaced and now works correctly. All lights have now been put on a monthly check.	

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	HA1019019	A. BUILDING: 01 B. WING _____	05/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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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CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

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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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FORM APPROVED

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
	HAL019019	A. BUILDING: 01 B. WING	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	C199- 1A. The central exhaust system fans have been fixed and are working throughout the building.	

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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	**ALL DEFICIENCIES HAVE BEEN CORRECTED AS OF TODAY 6/20/2018** **The following measures have been put in place to help ensure compliance with the Construction regulations.** 1. Maintenance checklist is completed monthly to include exit lights, door closures, etc. Then filed once all items out of compliance have been addressed. 2. Quality Assurance Inspection completed monthly. All Concerns addressed and inspected the following month. 3. Repeat violations will be addressed at quarterly C.Q.I. (Continuous Quality Improvement) meetings with all department heads.	