STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: **01** 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 Biennial Follow Up Construction Survey by Dennis Harrell on 5-9-2018. Several deficiencies were not corrected. Further action is required.	{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 5-9-2018: 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 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. 2. ALL FIRE ALARM SYSTEM INSPECTION, TESTING REPORTS AND FIRE MARSHALL INSPECTIONS ARE SCHEDULED TO BE COMPLETED BY 06/15/2018.	
{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	{C 143}		

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{C 143}	Continued From page 1 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: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on 5-9-2018: a. Laundry Closet- the closet door housing some cleaning agents, bleaches, and other hazardous substances was not locked.	{C 143}	THE LOCK TO THE LAUNDRY CLOSET HAS BEEN CHANGED TO AN AUTOMATIC LOCK SO WHEN THE DOOR CLOSES IT WILL LOCK AUTOMATICALLY, TO PROTECT THE RESIDENTS FROM INGESTING HAZARDOUS MATERIALS.	
{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: 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 5-9-2018: a. Shower across from Bedroom 1 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	{C 164}	1. THE VENTILATION GRILL HAS BEEN CLEANED AND DUSTED. 2. THE MECHANICAL SYSTEMS ARE NOW ON A MONTHLY SCHEDULE TO BE CLEANED AND DUSTED.	

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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: Both deficiencies listed below are new findings from the Follow-up Survey on 5-9-2018 . 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. Finding on 5-9-2018: Several (6) portable medical oxygen cylinders were found free standing in no rack or container on an upper shelf in the laundry. 2. Based on observation, new flooring, approximately 3/8 inches thick, had been installed throughout the facility. However, a floor drain in the corridor had not been raised to equal the height of the new floor and presented a trip and fall hazard	C 166	1. ALL OXYGEN CYLINDERS THAT WERE STORED IN THE CABINETS WERE REMOVED FROM COMMUNITY. 2. ALL STAFF HAVE BEEN INSERVICED ON ANY FUTURE DELIVERIES OF OXYGEN CYLINDERS THEY MUST BE IN PROPER MEDICAL STORAGE CRATES AS DEEMED BY DHHS. 1. COMPANY HAS REPLACED ALL FLOOR DRAINS BY RAISING THE HEIGHT UP ON ALL DRAINS TO 3/8 INCHES THICK THROUGHOUT THE FACILITY. TO PREVENT ANY TRIP AND FALL HAZARD.	
{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	{C 183}		

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{C 183}	Continued From page 3 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. Findings on 5-9-2018: a. Entire Building - New inspection tags were installed in March of 2018 but there was no documentation of the portable fire extinguisher's monthly in house/owner's inspections for April.	{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.	
{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	{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.	

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{C 185}	Continued From page 4 document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on 5-9-2018: 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}		
{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: 2. 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 or compartment of origin. Findings on January 11, 2018: a. Activity Room Closet - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Finding on 5-9-2018; Residential Fire Block had been used to seal the gap around the pipe. Residential Fire Block is not approved for use in Institutional Occupancies. 3. Based on observation the facility failed to maintain the exhaust ventilation equipment in	{C 189}	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 5 rooms required to be mechanically exhausted. Findings on 5-9-2018: b. CAM Room in Laundry - the exhaust ventilation system is not working. c. Laundry - the exhaust ventilation system is not working. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on 5-9-2018: a. Office - a relocatable power tap (power strip) is plugged into a multi-plug adaptor which is plugged into an electrical power receptacle. Relocatable power taps must connect directly to a permanently installed branch circuit electrical power receptacle. b. Office - a relocatable power tap (power strip) is plugged into another relocatable power tap. Relocatable power taps must connect directly to a permanently installed branch circuit electrical power receptacle.	{C 189}	ALL EXHAUST FANS HAVE BEEN CHECKED THROUGHOUT THE FACILITY. ANY THAT DID NOT COME ON IMMEDIATELY HAVE BEEN REPLACED. ADMINISTRATOR/DESIGNEE WILL CHECK EXHAUST FANS MONTHLY TO ENSIRE PROPER FUNCTIONING POWER STRIP WAS CHANGED BACK TO THE ORIGINAL OUTLET THAT WAS IN DURING THE FIRST SURVEY.	
{C 202}	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (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 call system was	{C 202}	1. ALL CALL LIGHTS HAVE BEEN CHECKED FOR PROPER FUNCTION. THE CALL LIGHT IN SHOWER HAS BEEN REPLACED. 2. STAFF WERE INSTRUCTED TO CHECK CALL SYSTEM ON EACH SHIFT TO ENSURE PROPER FUNCTIONING OF SYSTEM. 3. ADMINISTRATOR/DESIGNEE WILL MONITOR MONTHLY.	

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{C 202}	Continued From page 6 not fully functioning to provide residents with the ability to signal for assistance. Findings on 5-9-2018: a. Shower across from bedroom 1 - the call system's pull station did not notify staff.	{C 202}		