STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 conducted by Suzanna Fay and Dennis Harrell on August 2, 2018. Records indicates that this facility was first licensed October 17, 1990 as a Home for the Aged. The facility is currently licensed for 120 Beds. Therefore, this 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 1978 (Revision 10) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction 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. Review of records revealed that the facility did not have all current building safety reports available for review. Findings on August 2, 2018: a. A copy of the current fire sprinkler system inspection report was not available at the time of survey.	C 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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	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. Observations revealed that hand grips were not installed at all showers. Findings on August 2, 2018: a. 200 Hall Women's Bath - the hand grip was missing in the shower unit.	C 133		
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 equipment and other obstructions. Findings on August 2, 2018: a. 200 Hall - there is a hoyer lift at the exit door by Room 222. The equipment is partially obstructing the exit door.	C 150		
C 160	Outside Premises-Clean, Safe	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 160	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on August 2, 2018: a. Courtyard - the planter box around the Mimosa tree has separated. Boards have fallen off and nails are exposed. b. Courtyard - the rails around the planter box have rotted and are falling apart. c. Courtyard - the seat cushions on two chairs were dirty, worn and splitting open. d. A section of the exterior soffit is falling out outside of Room 300.	C 160		
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways and exits are not illuminated.	C 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 162	Continued From page 3 Findings on August 2, 2018: a. Exit by Room 300 - the exterior light is out and the walkway is not illuminated.	C 162		
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 ceilings were not kept in good repair. Findings on August 2, 2018: a. Room 301 - the sheetrock tape is pulling away from the ceiling at the light and along the corridor wall. b. Corridor outside Room 314 - a section of the ceiling was patched. The patch is not finished. c. 100 Hall Shower - the shower was in repair and the ceiling needs repairing. d. Activity Room - there is a long crack in the ceiling finish and the material is separating. e. Kitchen - the kitchen ceiling is under repair due to damage from a leak. The repairs are incomplete. The seams are not sealed and finished. There is a 6" diameter hole where a light fixture is being installed. There is a bundle of wires exposed. The section of sheetrock at the suppression hood is sagging.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 4 2. Observations revealed that the walls and furnishings were not kept in good repair. Findings on August 2, 2018: a. Room 301 bathroom - the wall is damaged to the left of the toilet and behind the toilet. b. Room 307 - the door is dragging on the frame. c. Lounge 3A - the door drags on the floor. d. Lounge 3A - there is a hole in the wall through the plastic door guard. e. Janitor Closet on 300 Hall - there is a hole in the wall through the plastic door guard. f. 100/200 Housekeeping - there is a hole in the wall behind the door. g. Bathroom between 203 and 205 - the handrail for the toilet is very loose. 3. Observations revealed that the floors were not kept clean and in good repair. Findings on August 2, 2018: a. Room 301 bathroom - the floor around the toilet is heavily stained. b. 200 Hall Women's Bathroom - several of the shower floor tiles are missing or broken. The tile is stained and half of the grout is black with mildew stains.	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.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 5 This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Findings on August 2, 2018: a. Oxygen Storage Room - there were two unsecured oxygen bottles, one on the floor and one resting on the frame of the storage rack. b. Med Room - there is an extension cord in use connecting the power strip to the refrigerator cord. c. Kitchen - an extension cord was in use for an electric fan. This was corrected at the time of survey. d. Room 215 - one of the floor tiles has popped up at the threshold creating a tripping 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 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. Review of records revealed that the fire rehearsals were not being conducted in	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 6 accordance with the fire code. Findings on August 2, 2018: a. A short description of what the rehearsal involved was not included in the records.	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 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 August 2, 2018: a. Front Sitting Room - the emergency light did not illuminate on battery test. b. The Administrator's Office - the emergency light did not illuminate on battery test. c. The emergency light did not illuminate on battery test at the corridor outside of Lounge 3B. d. Lounge 3B - the emergency light did not illuminate on battery test. e. The emergency light outside of Room 121 did not illuminate on battery test. f. Activity Room - the emergency light did not	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 illuminate on battery test. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on August 2, 2018: a. The exit light at the main corridor intersection did not illuminate on battery test. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or holes in the face of the door. Findings on August 2, 2018: a. Guest restroom - there is a hole through the door at the door hardware. b. Room 108 - there is a hole through the door at the door hardware. c. Room 114 - there is a gap between the door and the door frame along the top of the door. d. Room 219 - there is a gap between the door and the door frame along the top of the door. e. Exit door at middle of 100 Hall - there is a hole through the door at the door hardware. f. Room 301 - there is a hole through the door at the door hardware. g. Room 313 - there is a gap between the door and the door frame along the top of the door. h. Employee restroom - there is a gap around the door hardware leaving a hole through the door. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 2, 2018: a. Room 113 - the door does not latch when closed. b. Room 115 - the door does not latch when closed. c. Room 123 - the door does not latch when closed. d. 100H Panel Room - the door strike is missing so that it does not completely latch. e. Unisex bathroom on 100 Hall - the door hits the frame and does not close. f. Room 206 - the door does not latch when closed. g. Room 216 - the door does not latch when closed h. Room 222 - the door does not latch when closed. i. Room 302 - the door drags on the frame and is very difficult to close. j. Exit door by 3A - the door drags and hits the frame, making it difficult to open and close. k. Room 308 - the strike is missing and the door does not close and latch. l. Room 309 - the door does not latch when closed. m. Room 325 - the door does not latch when closed. n. 300 Hall Laundry - the strike is missing at the door so that it doesn't completely latch. 5. 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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 9 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 August 2, 2018: a. Room 202 - the door was propped open using an oxygen concentrator. b. Linen carts were sitting in the hallway in front of the cross corridor smoke doors. The doors would not be able to close when the fire alarm activates. The carts were removed at the time of survey. c. Med Room - the door has a kickdown in use. The rubber bumper is missing on the kickdown and the metal is scraping the floor. 6. 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 could allow fire and smoke to spread beyond the area of origin. Findings on August 2, 2018: a. Room 301 - there is an open cable penetration in the front corner of the room. b. Bathroom off of 301 - there are several nail pops in the ceiling. c. Room 318 - the escutcheon plate has dropped on the sprinkler head leaving a gap at the ceiling. d. Corridor at 300 Hall intersection - there is a 1/2" diameter hole in the rated ceiling assembly. e. 100/300 Hall Janitor Closet - the escutcheon plate has dropped at the sprinkler head leaving a gap at the ceiling. f. Med Room - orange foam was used to seal penetrations over the left water heater. The orange foam is not suitable for the 1 hour ceiling assembly.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 10 g. Room 110, Med Room #2 - there is a small hole in the ceiling at the sprinkler head. h. Room 112 - the escutcheon plate for the sprinkler head has dropped leaving a gap at the ceiling. i. Private Dining - the sprinkler head is missing an escutcheon plate. j. Dining Room - at the time of survey, the attic access door was ajar creating an opening in the fire rated ceiling assembly. The exterior panel of the access door was missing so that the door no longer has a 1 hour rating. k. Kitchen - the ceiling flange for the 2" pipe behind the suppression hood has fallen leaving a hole in the ceiling. l. 100 Hall Panel Room - there is an open cable penetration in the corner of the room. m. Room 102 - the sprinkler head escutcheon plate has dropped leaving a gap in the ceiling. n. Resident Telephone Room - the sprinkler head escutcheon plate has dropped leaving a hole in the ceiling. o. 100 Hall Unisex Bathroom - the escutcheon plate has dropped at one sprinkler head and there is a hole in the ceiling at the other sprinkler head. p. Riser Room - there are two 4" pipe penetrations that do not have a collar or the collar has dropped. One of the pipes has an open conduit penetration in the ceiling at the pipe. q. Riser Room - there is a gap between the ceiling and wall. r. 200 Hall - the sprinkler head escutcheon plate is missing outside of Room 216. s. Outside Storage - at the time of survey, the attic access door was open and extension cords were hanging down from the attic creating an opening in the fire rated ceiling assembly. The exterior panel of the access door was missing so that the door no longer has a 1 hour rating.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 11 t. Outside Storage - there is a hole at the sprinkler head escutcheon plate. u. Main Electrical (Exterior) - there are several open penetrations along the back wall and the ceiling is damaged at the plastic junction box cover in the middle of the room. There is a gap between the ceiling and the exterior walls of the room. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Storage should be a minimum of 18" below the sprinkler heads to allow them to operate as designed. Findings on August 2, 2018: a. Soiled Linen Storage - items are stored within 18 " of the ceiling. b. 300 Hall Supply Closet - boxes are stored to within 6" of the ceiling. c. Kitchen Pantry - food items and paper products are stored within 4" of the ceiling. 8. Based on observation there is a failure to install plumbing piping, plumbing devices and equipment in a safe manner or in operating condition. Failure to maintain plumbing devices and equipment could effect occupants of the facility if the plumbing system does not operate as required. Findings on August 2, 2018: a. 300 Hall Bath - the caulking has separated from the wall and the sink is very loose. b. 100 Hall - the electric water cooler is not working. c. 100 Hall Unisex Bathroom - the sink is pulling away from the wall. d. Med Room - the right water heater is leaking at the pressure relief valve.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 12 e. 200 Hall - the electric water cooler does not have a trap. The water is on and runs directly out onto the floor. 9. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility by allowing the domestic water supply to become contaminated. Findings on August 2, 2018: a. 300 Hall bath - the bracket for the hand held spray nozzle is broken and the nozzle rests in the tub. The cord extends down into the tub and there is not a vacuum breaker for the tub. b. 200 Hall Women's bath - hand held spray nozzle extends down into the tub and the tub does not have a vacuum breaker. 10. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency. Findings on August 2, 2018: a. The kitchen hood suppression system should be inspected every six months. The last inspection for the suppression system was July of 2017. b. Kitchen - the heads of the nozzles for the suppression system were not aimed directly at the kitchen cooking surfaces. 11. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068024	A. BUILDING: **01** B. WING _____	**08/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT GREEN OF CARRBORO	**624 JONES FERRY ROAD CARRBORO, NC 27510**

(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 13 Findings on August 2, 2018: a. 100 Hall Unisex Bathroom - the exhaust fan has a heavy accumulation of dust. b. 200 Hall Laundry - two of the dryers are venting directly into the room into exhaust "buckets." Building Code requires for dryers to be exhausted directly to the exterior.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 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: 1. Observations revealed that the water temperature in resident areas was not maintained between 100 and 116 degrees Fahrenheit. Findings on August 2, 2018: a. The water temperature taken in the 300 Hall bath was 124 degrees Fahrenheit. The temperature was adjusted and the water tank emptied at the time of survey.	C 195		