

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2018
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3045 HENDERSON DRIVE EXTENSION JACKSONVILLE, NC 28546		
(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 Follow Up Constsruction Survey by Suzanna Fay conducted on May 9, 2018. There are defienicies cited from the Biennial Construction Survey that remain to be corrected.	{C 000}	CONSTRUCTION SECTION JUN 11 2018 RECEIVED completed 6/1/18 picture attached of sensor installed by Unifred Alarms (attachment #1)	
{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: 1. Based on observation and interview, the staff entrance door was provided with Access Controlled egress locking as allowed by Section 1008.1.4.4 of the 2012 NC State Building Code. The locking fails to comply with the Building Code. Findings on May 9, 2018: a. There was no sensor provided on the inside of	{C 101}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

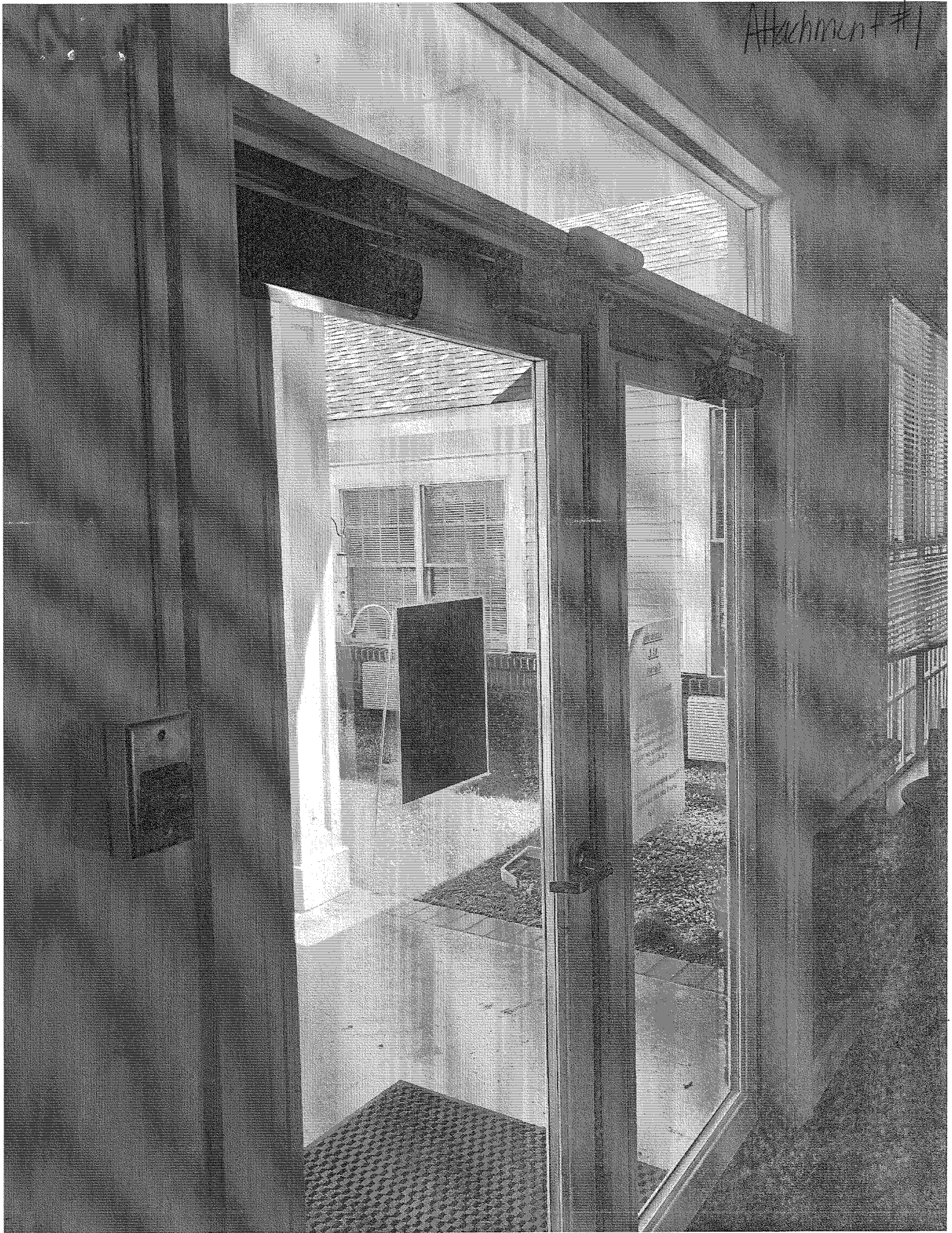
TITLE
Administrator

(X6) DATE
6/6/18

Attachment 1

[illegible]

Attachment #1



Division of Health Service Regulation

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{C 101}	Continued From page 1 the exit to detect an occupant approaching the door to egress.	{C 101}		
{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 record review, the fire alarm system has an alarm verification feature enabled that delays the fire alarm activation for 30 seconds before activating the alarm. Delays in fire alarm activation could result in delays in evacuating the facility during a fire or other emergency, therefore endangering the residents. Findings on May 9, 2018: a. The corridor smoke detector near the Administrator's office was sprayed continuously for 30 seconds before it would activate the fire alarm. A fire alarm vendor service record indicated the system had verification enabled. There was no justification provided as to why this feature is enabled. 2. Based on observation the required one-hour fire rated ceilings may be compromised in several	{C 189}		

attached is total explanation for system function regarding this sensor (attachment #2)

SERVICE REQUEST

FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

License #		TR#	163911	ARENO, GENE W
Project #	99999996	Task/SR#	60681380	41421604

NAME	Liberty Commons					CUSTOMER PO		
ADDRESS (OR ATTENTION OF)	3045 Henderson Dr JACKSONVILLE, NC 28546-5247					LABOR-REG	LABOR-OT	LABOR-DT
						.75	0	0
TR ARRIVAL DATE	BILL	NON-BILL	SERV. COMPL	CUSTOMER NUMBER	NAT. ACCT.	PHONE		INSP-MONTH
23-MAR-2018 09:55:53				217-00659282	N			

NAME(BILL TO)	Liberty Commons		LABOR-REG	LABOR-OT	ARRIVAL
ADDRESS	3045 Henderson Dr		.75	0	23-MAR-2018 09:55:53
CITY	STATE	ZIP	MILES	DEPART	
JACKSONVILLE	NC	28546-5247		23-MAR-2018 10:32:44	

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Signature will be obtained at completion
(Preauthorization Customer Signature)

23-MAR-2018 10:32:44
Date

PAYMENT TERMS				
TIME AND MATERIAL		PRICE NTE		FIXED PRICE
DEPOSIT (\$)		BALANCE DUE(\$)		BILLABLE

SCOPE OF WORK/PROBLEM CODE	General Service
WORK PERFORMED/RESOLUTION CODE	Identified Problem Tested smoke detector in corridor 100 system working properly smoke detector is programmed as a VSMOKE which eliminates false alarms by monitoring for smoke every 30 seconds after first initial sensing of smoke if there is no smoke after 30 seconds system will go back to normal condition. Also reattached smoke detector in storage room by room 102 call completed and tested system returned to normal condition.

PRODUCT ID	QTY	DESCRIPTION	UOM
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SYSTEM TYPE	FA	CONTACT NAME	Ed Gaudet Liberty Commons
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IMPORTANT NOTICE TO THE CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise Inoperable until service can be completed.

CUSTOMER'S ACTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Additional charges may apply if a return trip is required

CUSTOMER ACCEPTANCE

Ed Gaudet

(Customer Acceptance)

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{C 189}	Continued From page 2 locations by improperly protected conduit penetrations. Verify that the following penetrations meet Section 705.4 of the 1996 NCSBC in effect at the time of construction. Findings on May 9, 2018: a. The ceiling of the main electrical room was penetrated by 10 - 2.5 inch PVC conduits and 2 - 4 inch PVC conduits. b. The ceiling of Panel PP1 closet was penetrated by 2- 2.5 inch PVC conduits. c. The ceiling of Panel PP2 closet was penetrated by 2- 2.5 inch PVC conduits. d. The ceiling of Panel PP3 closet was penetrated by 2- 2.5 inch PVC conduits. e. The ceiling of Panel PP4 closet was penetrated by 2- 2.5 inch PVC conduits.	{C 189}	completed 6/5/18 attached picture of fire tape installed to meet requirement (attachment #3)		

Attachment #3

