TO: MR. ED

STATE BUILDING INSPECTOR

919-733-6592

FROM: TED PENNY

DAYSPRING OF WALLACE

4026 SOUTH NC HWY 11

WALLACE, NC 28466

910-285-9050

Ted Penny 8-27-18

STATE WRIGHT-UPS FROM JUNE 12, 2018 VISIT

Page 6, C189, 1.a emergency light replaced, ops checked good 8-16-18

Page 8, C189 4.a Canopy Sprinkler Heads have been replaced escutcheon plates installed 8-21-18

Page 8, C189, 4.d Smoker Porch Sprinkler Head replaced escutcheon plates installed 8-21-18

8-21-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on June 12, 2018. Records indicated that this facility was licensed on July 22, 1997 for 80 Beds with a 30 bed SCU. Therefore, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds. The North Carolina State Building Code Volume I-General Construction 1996 Edition - Institutional - Group I-Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
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. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on June 12, 2018: a. SCU Back Exit - the eight-foot wide corridor has large chairs that encroach on the minimum 6'-0" wide required corridor width.	C 150 1.a	6-14-18 All Furnishings Have Been Removed	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Maintenance Director
8-27-18

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
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 1	C 164		
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. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on June 12, 2018: a. Kitchen - the ice machine condensate drain and water filter drain are piped directly on to the floor receptor, resulting in the potential that the build drain could back up and contaminate the ice due to backflow. b. Kitchen - the ice machine bin drain has algae grow out of the end of the pipe. 2. Based on observation, the building walls are not kept clean and in good repair. Findings on June 12, 2018: a. Storage near Staff Station - there is a 4x8 inch hole in the wall above electrical panel. 3. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on June 12, 2018: a. Community Bath near SCU Entrance - the commode has a very loose seat.	C 164 1.a 1.b 2.a 3.a	7-11-18 Drain Pipe Cut off to Two In. Above Floor to meet State Stand. 7-11-18 Drain Has been Cleaned Algae Removed 6-21-18 Hole Has been Repaired 6-22-18 Commode Seat Replaced Broken Bolt	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 2	C 166		
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: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 12, 2018: a. Bedroom 109 - a portable medical oxygen cylinder is stored standing up in a beverage crate not secured. b. Staff Station Med Room - 16 portable medical oxygen cylinders are stored standing up in beverage and plastic crates not secured. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on June 12, 2018: a. Community Bath near Bedroom 302 - the mounting brackets for the removed towel bars remain attached to the wall. These brackets have rough and sharp edges, which could cause injury. b. Community Bath near SCU Entrance - the mounting brackets for the removed towel bars remain attached to the wall. These brackets have rough and sharp edges, which could cause injury.	C 166 1.a 1.b 2.a 2.b	6-28-18 OXYGEN BOTTLES ARE STORED IN APPROVED CONTAINERS 6-28-18 OXYGEN CYLINDERS ARE NOW STORED IN APPROVED CONTAINERS 6-14-18 MOUNTING BRACKETS Removed 6-14-18 MOUNTING BRACKETS Removed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 3 c. Community Bath across Bedroom 204 - the mounting bracket for the removed soap dispenser remain attached to the wall. These brackets have rough and sharp edges, which could cause injury.	C 166 1.c	6-14-18 Mounting Brackets Removed	
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on June 12, 2018: a. Entire Building - the mounted evacuation maps used red-inked graphic symbols to direct you to the primary and secondary exits. These red-inked graphic symbols have disappeared over time, leaving you to guess how to evacuate the building. b. Entire Building- many of the mounted evacuation maps are not oriented to the actual floor arrangement.	C 184 1.a 1.b	7-20-18 All Evacuation Maps Have Been Refreshed. Graphic Symbols Were Also Refreshed Red Ink Restored. 7-2-18 There was only one map In wrong orientation and It has been Corrected	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 4	C 185		
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. Based on Record review and interview with Manager and Maintenance Director, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on June 12, 2018: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift.	C 185 1.a 1.b	This is NOT Correct All Fire Drills were Performed with Rehersels This is NOT correct All Fire Drills were Performed. All Fire Drill Rosters and Reports Are Available for Reviews.	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 188	Continued From page 5 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on June 12, 2018: a. Kitchen Can Wash - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188 1.a	6-25-18 Replaced GFCI AT Kitchen Can Wash.	
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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on June 12, 2018: a. Exterior near Riser Room Door - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.	C 189 1.a	Emergency Light an older. Emergency Light Replaced 8-17-18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 6 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 12, 2018: a. Smoke Barrier near between 300 & 200 Hall - the front leaf, of the double-egress cross-corridor doors, hit the other leaf's header stop and will not close, when the fire alarm system released the doors. b. Smoke Barrier near between 300 & 200 Hall - the back leaf, of the double-egress cross-corridor doors, hit the other leaf header stop and will not close, when the fire alarm system released the doors. c. Smoke Barrier near Bedroom 110 - the back leaf, of the double-egress cross-corridor doors, hits the doorframe and does not close completely. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on June 12, 2018: a. Admin Office Pantry Area - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Riser Room - there are gaps around many pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Bedroom 307 - the one-hour fire-resistance-rated gypsum ceiling assembly has deteriorated to a point where the tape and joint compound is pulling away from the assembly. d. Kitchen Can Wash - the attic access panel, in the ceiling, is not properly seated in its frame,	C 189 2.a 2.b 2.c 3a 3b 3.c	Trimed Door & Header does Not Prevent Door from Closing Trimed Door Header And Changed Door Closer ofsV Good. There is NO Smoke Barrier at or Near Room 110 Five Stopped Cable with Fire Rated Caulking. All Pipe Gaps Were Fire Stopped with Fire Rated Caulking Repaired Ceiling with Joint Compound	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 leaving a gap in the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building Sprinkler System is not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 12, 2018: a. Front Entrance Canopy - there are three fire sprinkler missing there escutcheon plate, exposing openings through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Soiled Linen near Staff Station - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Kitchen Can Wash - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.. d. Smokers Porch - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. e. 200 Hall Corridor near Community Bath - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads were obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 12, 2018:	C 189 3.b 4.a 4.b 4.c 4.d 4.e	Framed out access panels and gaps are present. Longer Sprinkler Heads Are ordered This will Allow Escutcheon to be Install on Sprinkler Heads Service order # 283015 FLSA. Replaced 8-21-18 Adjusted Escutcheon To Cover hole Framed out Access Panel and Installed Escutcheon Plate Sprinkler Head Ordered By FISA # 283015 Replaced 8-21-18 Adjusted Pipes, New Escutcheon Plate Fits Flush with Ceiling	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 a. Laundry - the fire sprinkler head was debris-loaded with lint. 6. Based on observation, the facility is not maintained in a safe and operating condition by blocking self-closing doors from closing completely. This could affect all residents and staff by not containing smoke and fire in the fire room of origin. Findings on June 12, 2018: a. Pantry Room - the door to this100 plus square feet storage room is propped open with a small stepladder. b. Laundry - the door to this100 plus square feet laundry propped open with a door wedge. 7. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on June 12, 2018: a. Kitchen - the smoke resistant corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. Telephone Room - the smoke resistant corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. c. Bedroom 305 - the smoke resistant corridor door has a bottle holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. d. SCU Housekeeping - the smoke resistant corridor door has a bottle holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. e. SCU Med Room - the smoke resistant corridor door has a small stepladder holding the door open. This prevents the rapid release of the	C 189 5.a 6.a 6.b 7.a 7.b 7.c 7.d 7.e	Removed Lint from Sprinkler Head. Removed Stepladder and Informed Dietary Personnel NOT To Prop Door With ladder Removed Wedge from Door Informed Laundry Personnel not to use wedge Removed Wedge Informed Kitchen Personnel NOT TO Wedge Door open Wedge was Removed from Telephone Room Door Removed Bottle Adjusted Door Pin To Prevent Door from Closing, Rm 305 Removed Bottle from Door Removed Stepladder Informed MC Personnel not to use Ladder to Prop Door open	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING. 01 B. WING _____	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 door with a light push or pull of the door, to close and latch. f. Bedroom 211 - the smoke resistant corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. g. Bedroom 204 - the corridor door has a zero to 3/4 inch gap between the bottom of the door and the top of the doorframe's jamb. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on June 12, 2018: a. 300 Hall TV Room - the pair of corridor doors is equipped with a manual flush bolt on the 'inactive leaf' circumventing the requirement for these doors to be have positive latching. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 12, 2018: a. Service Hall Exit - the emergency override switch, on the Special Locking System exit door has a broken cover plate. 10. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 12, 2018:	C 189 7.f 7.g 8.a 9.a	Removed Wedge from Door Informed Personnel NOT TO wedge Door open, Rm 211 Installed Strip on Door That Eliminates Gap In Door, Rm 204 Trimed Door and adjusted Flush Bolt Retainer. Door OPS ✓ Good. Replaced Broken Cover	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031017	A. BUILDING: 01 B. WING _____	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	4026 HIGHWAY 11 SOUTH WALLACE, NC 28466

(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 a. Telephone Room - there are two 1/4 inch diameter holes through the door beside the door handle. b. Storage near Bedroom 202 - there are two 1/4 inch diameter holes through the door beside the door handle.	C 189 10.a – 10.b –	Sealed Holes with ¼ Dowel Sealed holes with Fire Rated Caulking.	