STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092209	A. BUILDING: **01** B. WING _____	**08/30/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CARY	**1206 WEST CHATHAM STREET CARY, NC 27513**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on August 30, 2018. This facility was first licensed on July 23, 2009 as a Home for the Aged serving 85 residents including a 35 bed Special Care Unit. Therefore the facility must meet the 2006 North Carolina State Building Code(s) for Institutional Occupancy, and, the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were noted which require a Plan of Corrections.	C 000		
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		

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C 101	Continued From page 1 1. Observations revealed that the facility did not meet the code requirements in effect a the time of construction. Findings on August 30, 2018: a. Third Floor - the exit door that enters the SCU from the elevator lobby is a delayed egress door. The code requires a sign on the door with instructions to push until alarm sounds and the door will release in 30 seconds.	C 101		
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 were not kept in clean and in good repair. Findings on August 30, 2018: a. Room 313 - there is a small ding behind the door where the door handle hit the wall. There is a small ding in the wall to the right of the door. b. Small Med Room across from Room 314 - the med cart has damaged the back wall along the base. c. SCU Laundry - there is an 8"x15" hole cut out of the wall behind the dryer. d. Third Floor Bathtique - there are mildew stains on the wall above the door and a few mildew	C 164		

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C 164	Continued From page 2 spots on the supply vent and on the ceiling around the supply vent. 2. Observations revealed that the furnishings were not kept in good repair. Findings on August 30, 2018: a. Third Floor Restroom by Bathtique - the cover plate for the door spring has fallen off and the door is splintered at the edge of the opening. b. Room 202 - the corridor door drags on the frame making it difficult to open. This was repaired on site. c. Room 109 - the door drags on the frame making it difficult to open and close. This was corrected at the time of survey. d. Room 112 - the door is dragging making it hard to close. e. Private Dining - one of the dining table chairs was damaged. This was repaired at the time of survey.	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. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Findings on August 30, 2018:	C 166		

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C 166	Continued From page 3 a. Second Floor - the astragal was bent at the bottom of one of the fire doors by the wellness office posing a possible trip hazard. 2. 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 August 30, 2018: a. Room 104 - there were four unsecured oxygen bottles in a wicker basket.	C 166		
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 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 August 30, 2018: a. SCU Electrical Room, A Side - a blue cable was run between the walls at conduit penetrations. The wall was damaged and the	C 189		

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C 189	Continued From page 4 caulking was knocked out when the cable was run leaving small gaps in the rated walls. b. SCU Electrical Closet by Baby Room - the fire caulk was removed from a penetration on the corridor wall to run a cable bundle. The penetration was not resealed. c. Third Floor Landing at Stairwell on A side - there are holes in the ceiling where the sprinkler pipe penetrates. d. Electrical Closet across from Room 225 - a small square hole was cut into the corridor wall to run cable. One 2" conduit penetrating the ceiling is not sealed on the back side of the conduit. e. Second Floor, Activity Room Office Closet - the access panel in the ceiling was open. This was corrected at the time of survey. f. First Floor Electrical Closet by Room 101 - there is an open sleeve penetrating the ceiling. g. Main Laundry Room - the flange for the dryer duct is falling off creating a gap in the ceiling. 2. 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 corridor doors must not have holes or gaps in the door nor between the door or the door frame stops. Findings on August 30, 2018: a. Third Floor REM Office - the door to the elevator lobby is a Dutch door with a 1/2" gap between the panels. 3. 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 quickly closed so as to limit the spread	C 189		

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C 189	Continued From page 5 of smoke and/or fire to the area of origin. Findings on August 30, 2018: a. Second Floor ALC Office - the door was held open using a wedged device. The wedge was removed at the time of survey. b. Second Floor - the door to the Activity Center was held open with a flower vase. The was corrected on site. 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 to help limit the spread of smoke or fire to the area of origin. Findings on August 30, 2018: a. Second Floor PT Room - the door hardware was a deadbolt latch and did not latch automatically. b. Room 210 - the corridor door did not latch when closed. This was repaired at the time of survey. c. Copy Room - the door was wedged open and did not close and latch easily. d. Dining Room - the doors separating the lobby from the dining area did not latch automatically and they were held open using kickdowns. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on August 30, 2018:	C 189		

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C 189	Continued From page 6 a. Biohazard Room, Second Floor- there was one cardboard box stored within a few inches of the ceiling. The box was removed at the time of survey. b. Second Floor, Activity Room Office Closet - diapers were stored within 18" of the ceiling. This was corrected at the time of survey. c. Dry Storage - items were stored within 4" of the ceiling. 6. Based on observation 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 August 30, 2018: a. The fire alarm panel was in trouble mode and an alarm was sounding every few minutes. Interview with staff revealed that he believed the battery was depleted in the NAC [Notification Appliance Circuit] Extender. The fire alarm vendor was notified of the problem and were scheduled to come to the facility that day. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on August 30, 2018: a. Outside Electrical Room - Panel EL-P has an open breaker. b. Room 118 - there were two multi-plug adaptors in use. c. Administrator's Office - there was an extension cord in use.	C 189		

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C 195	Continued From page 7	C 195		
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 hot water temperature was not maintained between 100 and 116 degrees Fahrenheit in areas used by residents. Findings on August 30, 2018: a. Beauty Shop - the water temperature at the hair washing sink was 135 degrees and there was not a mixing valve for the sink. Interview with staff revealed that the sink must be on the kitchen water heater and that the salon was always supervised. However, the area is in use by residents and the temperature is such that it could cause injury.	C 195		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 8 (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 does not have working exhaust ventilation in required areas. Findings on August 30, 2018: a. Room 112 Bath - the exhaust fan is not working.	C 199		