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	HAL078083	A. BUILDING: **01** B. WING _____	**10/18/2018**

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RED SPRINGS ASSISTED LIVING	**1301 E. FOURTH AVENUE** **RED SPRINGS, NC 28377**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Dennis Harrell conducted on October 18, 2018. Records indicate this facility was first licensed on October 8, 1996 with a capacity of 81 beds. Therefore the 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 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	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: 1. Observations revealed that the facility does	C 101		

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C 101	Continued From page 1 not meet all of the NC Fire Code requirements. Findings on October 18, 2018: a. The riser room is located in an exterior building behind C and D Halls. The building does not have a sign indicating where the FDC (Fire Department Connection) is located. Also, since the location is not visible from the road (direction of approaching Fire Department apparatus) , there was also a label missing from the street front or side of the building.	C 101		
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 maintain all fire safety inspection reports available for review. Findings on October 18, 2018: a. A copy of the current fire alarm inspection report was not available for review.	C 111		
C 160	Outside Premises-Clean, Safe 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	C 160		

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C 160	Continued From page 2 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 October 18, 2018: a. One of the gates has fallen off and is lying on the ground in the back yard fenced-in area. The fence is leaning where the gate came off.	C 160		
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 furnishings are not kept in good repair. Findings on October 18, 2018: a. The Activity Office bathroom door has two small holes in the door. The edges are rough and splintered and could cause injury. b. Room B-11 - the door to the bathroom is damaged. c. Activity Office - one of the windows is full of dirty green water and there are black mildew	C 164		

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C 164	Continued From page 3 stains in the water. 2. Observations revealed that the ceilings are not kept clean and in good repair. Findings on October 18, 2018: a. B-5 Bath - the ceiling around the sprinkler head is spalling. b. C Hall Water heater room - there is a large yellow water stain along the back wall. The ceiling is spalling and the popcorn finish is falling off in large sections. 3. Observations revealed that the walls and floors are not kept clean and in good repair. Findings on October 18, 2018: a. B-15 Toilet - the wall base behind the toilet is falling off of the wall. This was repaired at the time of survey. b. Kitchen - there is a 3" diameter hole in the wall behind the pantry door. c. C Hall Living Room - the carpet is worn, stained and buckling which creates a tripping hazard. d. C Hall Files Storage - there is a 14"x14" hole cut into the wall to conduct repairs. e. Outside Electrical Room - water is dripping down the wall and onto the floor from a condensate line run through the wall. The moisture is causing mildew to grow on the wall and floor and the wall is deteriorating along the bottom.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	Continued From page 4 (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 October 18, 2018: a. At the time of survey, the medication room was unlocked and there were no staff near the room. Further observations revealed aspirin and other medication in an unlocked cabinet in the med room. After notifying staff, the med room was locked. b. B Hall Shower Room - one of the shower chairs has a broken wheel which could cause a resident to slip and injure themselves. Also the metal at the chair leg is rusting and staining the tub where it is sitting.	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	C 185		

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C 185	Continued From page 5 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 facility did not have adequate records for the fire rehearsals. Findings on October 18, 2018: a. There was not a drill conducted on the second shift for the second quarter of this year. Some of the times were not designated to verify which shift the drill was conducted on. b. The drill logs did not list the staff members present. c. The drill logs did not provide a short description of what the rehearsal involved which shall include: the location of the simulated fire, the time duration of the drill and how the staff responded.	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's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety	C 189		

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C 189	Continued From page 6 equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency. Findings on October 18, 2018: a. At the time of survey, staff revealed that the fire alarm panel was in trouble mode as it had been damaged during a lightning strike. They were waiting on a new panel. The fire alarm did sound upon activation of a smoke detector. b. Due to the damage to the fire alarm panel, the interior magnetic hold open devices were not working. c. The fire alarm was tested by spraying canned smoke in one of the smoke detectors. None of the exterior magnetic locks released. All of the manual override switches released the doors as well as the master manual override. The facility filled out a Plan of Protection designating that they would hold an all staff meeting to inform the staff of the problem and make sure they knew how to manually release the exit doors. The Fire Marshal was also contacted. Based on a phone conversation with the administrator at 4:30 pm on Monday, October 22, the fire alarm panel had been replaced and the system was working properly. d. Riser Room - the tamper switches have been removed. 2. 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 October 18, 2018: a. Observation at the time of survey revealed the facility was not equipped with the typical battery backed up emergency lighting. Staff indicated	C 189		

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C 189	Continued From page 7 that the emergency lighting is tied into a generator. However, according to staff, the generator has been down for about a year. Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator therefore battery units are required. 3. 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 October 18, 2018: a. Observation at the time of survey revealed the facility does not have battery backed up emergency exit lighting. Staff indicated the facility's exit signs/lights (with one exception) receive emergency power from the building generator. However, according to staff, the generator has been down for about a year. Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator, therefore battery units are required. 4. 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 October 18, 2018: a. Administrator's Office - one of the sprinkler head escutcheon plates has dropped leaving a	C 189		

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C 189	Continued From page 8 gap at the ceiling. This was corrected at the time of survey. b. Administrator's Office - there is a small hole in the fire caulk patch at the corridor wall. c. Outside Electrical Room - there are three open sleeves that do not have fire sealant. There are two unsealed cable bundle penetrations over the data system. d. Outside Electrical Room - there are two unsealed conduit penetrations above the Altronix panel. 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 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 October 18, 2018: a. Room A-5 - the door was propped open using a laundry basket. b. Living Room - the door was propped open using a chair. c. Rooms B-6, B-10 and B-21 were all propped open with garbage cans or shoes. d. Vending Room - the door was propped open using a bench. 6. 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 October 18, 2018:	C 189		

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C 189	Continued From page 9 a. A Hall - Room A-7: the door does not latch when closed. b. B Hall - Rooms B-8, B-11, B-12, B-18 and B-19 doors do not latch when closed. c. C Hall - Room C-3: the door does not latch when closed. d. Water Heater Room - the door drags on the frame making it difficult to close. e. D Hall Community Bath - the door is difficult to close and does not latch. f. D Hall - Rooms D-18 and D-25 doors do not latch when closed. 7. 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. Findings on October 18, 2018: a. A Hall Living Room - there is a small gap between the top of the door and the door frame. b. Room B-12 - there is a gap between the door and the door frame at the top corner of the door. c. Room B-13 - there is a gap around the door hardware. d. Room B-17 - there is a gap around the door hardware. e. B Hall Living Room - there is a gap around the door hardware. f. Vending Room - the door has a hole at door hardware. 8. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on October 18, 2018: a. Laundry - the exterior exhaust has a heavy accumulation of lint.	C 189		

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C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 did not maintain exhaust ventilation in required areas. Findings on October 18, 2018: a. Kitchen Housekeeping - the exhaust fan is not working. b. Beauty Shop - the exhaust fan is not working. c. D Hall Community Bath - the exhaust fan is not working. d. D Hall Guest Bath - the exhaust fan is not working. e. Utility Closet off of Laundry - the exhaust fan is not working. f. D-20 - the exhaust fan is not working.	C 199		