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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay on October 4, 2018. This facility was first licensed on March 15, 1985. The facility is licensed as a 60 bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1978 edition of the North Carolina State Building Code, the 1984 Homes for the Aged and Infirm Minimum Desired Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited and a Plan of Correction is required.	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 does not meet the Building Code requirements for the installed magnetic locking system in effect at the time of construction or alteration. Findings on October 4, 2018: a. There is not a wiring diagram and a components map located at the fire alarm panel. 2. Observations revealed that the facility does not meet the Building Code requirements for emergency lighting in effect at the time of construction or alteration. Findings on October 4, 2018: a. No emergency lighting was observed in the exit lobby at the end of the 100 Hall. b. Verify that the outside exit door is marked with an exit sign/light.	C 101	We have contracted First Fire Protection to do map for Fire Alarm Panel. Estimated completion date: 12.15.2018 The light is on order and will be installed once received Estimated completion date: 11.19.2018 We have verified the outside exit door is marked with and exit sign.	10.30.2018
C 127	Bedrooms-Closets SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (10) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide closets or wardrobes for each resident.	C 127		

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C 127	Continued From page 2 Findings on October 4, 2018: a. Room 206 - the room was set up for two residents with two beds, but there was only one closet which was less than 96 square feet (2' deep x 6' wide by 8' high.)	C 127	We are locating a wardrobe closet to be compliant with the 96 square feet. Estimated completion date: 12.15.2018	
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 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 4, 2018: a. The fascia trim is rotting outside of the dining room at the 100 Hall. b. There is a small section of rotted fascia trim outside of the old building at the staff exit (end of 100 Hall.) c. 200 Hall Exit - the exterior soffit and trim are heavily damaged from rot along the bottom right of the gable roof. The paint along the fascia is flaking and peeling. d. 200 Hall Exit - the porch roof is unfinished, exposed plywood. e. Courtyard - the laundry room A/C unit is leaking and there is a heavy build up of mildew on the window sill and masonry wall below. f. 300 Hall back exit - the concrete walk from the ramp to the patio is cracked, spalling and uneven	C 160	a., b., c., d., We are requesting quotes to repair the fascia trim on the building. Estimated completin date: 12.15.2018 The heavy build up of mildew been cleaned by our maintenance group. We have requested quotes from our vender to repair the ramp to the patio. Estimated completion date: 12.15.2018	11/7/2018

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C 160	Continued From page 3 creating a hazardous walkway. g. 300 Hall back exit - the fascia trim and soffit at the end of the porch are heavily damaged from decay.	C 160	We are requesting a quote to repair the fascia trim. Estimated completion date: 12.15.2018	
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 facility was not maintained free of chronic unpleasant odors. Findings on October 4, 2018: a. There was a strong smell of urine at the main entry and down the 100 Hall. b. Room 100 Toilet - there is a strong unpleasant odor in the room. 2. Observations revealed that the ceilings were not kept in good repair. Findings on October 4, 2018: a. Room 115 Bath - the ceiling has been patched due to damage from a leak, but the patching has not been finished. b. Kitchen Pantry - the finishing tape is pulling away at the seams. The finish is flaking around the electrical junction box and conduit. The	C 164	a., and b., We have clean the area with clorox, and it appears the urine smell has been abated.	10.29.2018 10.29.2018 11.9.2018

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C 164	Continued From page 4 sheetrock screws are protruding in several locations. 3. Observations revealed that the floors were not maintained in good repair. Findings on October 4, 2018: a. Room 213 Toilet - there are large gray water stains in the flooring around the toilet. b. Room 213 Toilet - the transition strip is missing allowing for dirt and other particles to get into the crevice. c. Room 306 Bath - the vinyl floor is heavily stained. The edges are pulling away from the wall and curling. The floor is buckling creating a trip hazard. There are multiple stained layers of caulk around the base of the toilet. 4. Observations revealed that the walls were not maintained in good repair. Findings on October 4, 2018: a. 200 Hall Water Heater Room #2 - there is a section of the wall cut out and removed for repairs. The access panel is sitting on the floor below. b. Room 206 - a closet was removed to install a door directly to the spa bathroom. The trim along the ceiling was missing where the closet was leaving a gap in the exterior wall for pests to enter. There was also a hole in the wall to the left of the outlet by the A/C unit and wires were visible in the opening. c. Room 304 - the walls have been patched from wheelchair damage but have not been painted. The wall base is coming off behind the door.	C 164	a., b., c., We have requesting corporate floor specialist to assist in installing new floors. Estimated completion date: 12.15.2018 The access panel will be reinstalled by our Maintenance group. Estimated completion date: 11.16.2018 We are locating a wardrobe closet to be compliant with the 96 square feet. Estimated completion date: 12.15.2018 The hole in the wall will be repaired. Estimated completion date: 11.18.2018 The patched wheechair damage has been completed.	10.29.2018
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 5 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 all hazards. Findings on October 4, 2018: a. There is a recessed clean out in the corridor floor outside of Room 200. The indention is deep enough to create a trip hazard. b. Room 306 - one of the closets had a hook and eye latch on the outside of the door. A resident could get locked in the closet. The latch was removed at the time of survey. c. 300 Hall side exit - the base of the door frame is rusted out leaving rough, sharp edges that could cause injury. d. 100 Hall exit - the exit at the end of the hall is partially obstructed by combustible materials stored in the corridor. 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 October 4, 2018: a. Oxygen Storage - five oxygen bottles were stored in a cardboard transport carton. Six bottles were unrestrained on the floor of the room and eight bottles were unsecured in a plastic tub.	C 166	The recessed clean out in the corridor will be repaired by maintenance group. Estimated completion date: 11.30.2018 The base of the door frame will be repaired by our maintenance group. Estimated completion date: 11.30.2018 This obstruction has been removed. We have requested our oxygen supplier to bring the correct containers. Estimated completion date: 11.20.2018	11.2.2018

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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 accordance to the licensure requirements. Findings on October 4, 2018: a. Records did not show that the rehearsals were being conducted on every shift each quarter. There was only a record of a drill for the first shift in the second quarter of 2018 and there was not a record for a second shift rehearsal during the third quarter of 2018. b. The rehearsal records did not provide a short description of what the rehearsal involved. The description should include a location of the "fire" and how staff moved the residents to safety.	C 185	a., and b., a., b., All future rehearsals will be conducted on each shift each quarter. The rehearsal records will have a short description.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 7 (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. Observations revealed that the building life safety equipment was not maintained in a safe and operating condition. Exit doors that stick and are difficult to open do not allow for quick and easy exiting in the case of a fire or other emergency. Findings on October 4, 2018: a. 100 Hall side door - the door is rusty along the bottom causing the door to drag, making it difficult to open. b. Courtyard - the gate drags heavily on the ground and it extremely difficult to open wide enough for passage. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Piping for pressure relief valves on water heaters should extend to within 6" of the grade below to prevent steam or hot water from injuring a person. Findings on October 4, 2018: a. 100 Hall 1st water heater - the pressure relief valve piping is cut off about 6" below the valve. 3. 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	C 189	100 side door has been repaired. The gate has been repaired and no longer drags. We have requested a quote from our plumber. Estimated completion date: 11.30.2018	11.1.2018 10.25.2018

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C 189	Continued From page 8 allow fire and smoke to spread beyond the area of origin. Findings on October 4, 2018: a. Room 111 - the TV cable penetration is unsealed. b. 100 Hall Living Room - there is a small hole at the emergency light. c. Maintenance Closet - there is a 12" long gap between the ceiling and wall in the right corner of the room. d. Kitchen Pantry - there is a small hole in the rated ceiling at the heat detector. e. Kitchen Pantry - there is a small, 1" diameter, hole in the ceiling to the right of the vent. 4. 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 4, 2018: a. Room 205 - there is a gap around the door between the door and the door frame stops. 5. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on October 4, 2018: a. 200 Hall Spa - the tub is being repaired and is currently not in service. b. Employee Restroom - the sink is loose and separating from the wall. 6. 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	The penetration has been seal with UI rated fire caulk. The small hole by the emergency light has been repaired. The 12" long gap has been repaired. The small hole in the ceiling by the kitchen pantry has been repaired The small 1" diameter hole has been repaired. The gap around the door room 205 will be repaired by our maintenance group. Estimated completion date: 11.30.2018 We have ordered a part to complete the repair of the 200 Hall Spa tub. Estimated completion date: 11.30.2018 The sink has been repaired.	10.25.2018 10.25.2018 10.25.2018 11.9.2018 11.9.2018 10.29.2018 10.29.2018

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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 October 4, 2018: a. Laundry Area - the 20 minute corridor door were not able to be shut quickly due to quilts and other items holding them open. 7. 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 4, 2018: a. 200 Hall - one leaf of the fire doors did not close and latch completely when the fire alarm was activated. 8. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on October 4, 2018: a. Kitchen - the icemaker drain line was resting directly on the drain grate. 9. Based on observation, fire safety equipment has not been maintained to assure it is in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the kitchen did not operate when needed to provide fire protection.	C 189	The quilts and other itmes holding the door open have been removed. The 200 Hall door has been repaired. The icemaker drainline has been corrected.	10.29.2018 10.29.2018 10.29.2018

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C 189	Continued From page 10 Findings on October 4, 2018: a. Kitchen - the semi-annual maintenance for the hood suppression system was last performed in September of 2017.	C 189	We have contracted First Fire Protection to inspection our range hood suppression system.	11.30.2018
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 provide working exhaust ventilation in all designated areas. Findings on October 4, 2018: a. Med Room - the exhaust fan is not working. b. Soiled Linen - the exhaust fan is not working. c. Women's Guest bathroom - the exhaust fan is not working.	C 199	We have contracted Odyssey to install new exhaust fans. Estimated compleltion date: 11.30.2018	