STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030008	A. BUILDING: **01** B. WING _____	**01/31/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF MOCKSVILLE	**150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on January 31, 2019. Records indicate that this facility was licensed on 08/05/1999 as an Adult Care Facility with a total capacity of Sixty (60) Residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable components of the current 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code, Section 409-Institutional Occupancy (Group I). Deficiencies were cited that require a Plan of Correction.	C 000		
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. Based on record review, and interview with Executive Director and Regional Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 31, 2019: a. The current Fire and building safety Inspection Report is not available for review by the Surveyor. 2. Based on record review, and interview with	C 111		

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C 111	Continued From page 1 Executive Director and Regional Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 31, 2019: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25 performed on 05/15/ 2018 listed deficiencies that have not been addressed as either corrected or not required/recommendations.	C 111		
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 January 31, 2019: a. 100 Hall Back Wing - there are dressers lamps and mattress, obstructing the required six feet width corridor to about 42 inches. Deficiency corrected before Construction Surveyors departed site.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

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C 164	Continued From page 2 (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 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 January 31, 2019: a. Bedroom 129 & 130 Shared Bathroom - the mounting bracket for a broken towel bar remains attached to the wall. These brackets have rough and sharp edges, which could cause injury. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on January 31, 2019: a. Hopper Room - the ventilation system is closed off and the grille has an excessive accumulation of dust/lint. b. Bulk Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.	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	C 166		

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C 166	Continued From page 3 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 January 31, 2019: a. Bedroom 217 - a portable medical oxygen cylinder is standing up on the floor not physically secured in racks, stands or chained to the structure.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) 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 provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on January 31, 2019: a. Bedroom 129 & 130 Shared Bathroom - this double occupancy bathroom has one of its two towel bars broken.	C 175		

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C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on January 31, 2019: a. Entire Building - the Maintenance/inspection record tags are punched for June 2017. The dates recorded on the tags started on June 2018.	C 183		
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.	C 185		

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C 185	Continued From page 5 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Regional Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter.. Findings on January 31, 2019: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 1st shift. b. In the 2nd quarter for the last 12 months, no rehearsals were performed during 1st and 2nd and 3rd shifts. c. In the 3rd quarter for the last 12 months, no rehearsals were performed during 1st and 2nd and 3rd shifts. d. In the 4th quarter for the last 12 months, no rehearsals were performed during 1st and 2nd and 3rd shifts. 2. Based on Record review and interview with Executive Director and Regional Director, the Facility failed to document the a short description of what the rehearsal involved.. Findings on January 31, 2019: a. There is not a short description of what the rehearsal involved.	C 185		
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. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks,	C 188		

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C 188	Continued From page 6 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 January 31, 2019: a. Beauty Shop - several electrical power receptacles are within six feet of the sink that do not provide ground fault protection.	C 188		
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on January 31, 2019: a. Intersection of 100 Halls - the Corridor's smoke detector is missing. 2. Based on observation, the Building Sprinkler System was 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.	C 189		

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C 189	Continued From page 7 Findings on January 31, 2019: a. Bedroom 122 - in the corridor side closet the fire sprinkler head is covered with painters tape, obstructing the sprinkler spray pattern. b. Bedroom 103 Closet - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. c. Beauty Shop Closet - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. d. Hopper Room - the fire sprinkler head is debris-loaded with lint. e. Bulk Laundry - the fire sprinkler heads are debris-loaded with lint. f. Bulk Laundy Closet - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. g. Clean Linen - the fire sprinkler head is debris-loaded with lint. h. Clean Linen - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. i. Storage near Dining - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. j. Exterior Storage Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. k. Activity Room Closet - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 4. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitorssmoke/fire is not contained in Room	C 189		

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C 189	Continued From page 8 or Compartment of origin. Findings on January 31, 2019: a. Attic left Smoke Barrier Wall - there is a gap around a sprinkler pipe not firestopped as it penetrates the fire-resistance-rated wall assembly. b. Attic left Smoke Barrier Wall - there is a large gap at the intersection of the wall and roof not firestopped. c. Attic left Smoke Barrier Wall - about 20 percent of the drywall joint compound and tap is falling off the wall leaving the joint exposed. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on January 31, 2019: a. Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in April of 2018. 6. 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 January 31, 2019: a. Med Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Beauty Shop Closet- a leak has deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where the paint is peeling away from the ceiling.	C 189		

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C 189	Continued From page 9 c. Main Electrical Room - there is a gap around a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 31, 2019: a. Pantry - a shelf is stored in front of an electrical panel, limiting the required 36-inches minimum clear working space to 18-inches. b. Main Electrical Room - an assembled metal bedframe is stored in front of an electrical panel, blocking the required 36-inches minimum clear working space. c. Bedroom 217 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. Deficiency corrected before Construction Surveyors departed site. 8. 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 January 31, 2019: a. Executive Director Office- the 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. Activity Room - the pair of corridor doors have wedges holding the doors open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 31, 2019: a. Bedroom 115 - the corridor door latches to its	C 189		

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C 189	Continued From page 10 frame, but a very light touch will cause the door to release. 10. Based on observation, the Building Sprinkler System was 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 of origin. Findings on January 31, 2019: a. Main Electrical Room Closet - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.	C 189		