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	HAL001148	A. BUILDING: 01 B. WING _____	01/24/2019

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ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on January 24, 2019. Records indicate this facility was first licensed on 10/29/2014. The facility is currently licensed for 94 Beds including a 48 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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. Based on observation and interview with Building Maintenance and Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having exits that all staff can operate including the Special Locking System exits. Findings on January 24, 2019: a. MCU Nurse Station - the central emergency override switch has a clear locked cover over it and only maintenance has the key.	C 101	A hole was cut in the clear cover to allow staff to access the override switch easily.	02/04/19
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 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 24, 2019: a. The current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, is not available for review by the Surveyor.	C 111	Annual Fire Alarm System Inspection completed on 2/1/2019. A copy of this report is on file in the Executive Directors office.	02/01/19
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 observations, the facility failed to maintain the furnishings in good repair and clean. Findings on January 24, 2019: a. Bedroom 310 - the wardrobe has a drawer that is off track.	C 164	Armoire drawer in bedroom 310 has been repaired.	02/04/2019
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 ice machine drain line is in the floor receptor. The NC Plumbing Code requires that ice machine drains must not directly contact the floor or floor receptor and a minimum of 2 inches of vertical clearance must be maintained between the ice machine drain and the floor or floor drain to prevent contamination. This could affect all residents, staff and visitors who dine here if waste water backs-up and contaminates the ice.	C 166	This has been corrected to code.	02/04/2019

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C 166	Continued From page 3 2. 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 24, 2019: a. 300 Hall Front General Storage - 8 portable medical oxygen cylinders are standing up in a plastic beverage crate not physically secured in racks, stands or chained to the structure.	C 166	Metal oxygen tank storage racks obtained from oxygen provider.	03/01/2019
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 towel bars for each resident. Findings on January 24, 2019: a. Bedroom 207 - this double occupancy bedroom has one of its two towel bars missing. b. Bedroom 206 - this double occupancy bedroom has one of its two towel bars missing. c. Bedroom 406 - this double occupancy bedroom has one of its two towel bars broken. d. Bedroom 312 - this double occupancy bedroom has no towel bars. e. Bedroom 310 - this double occupancy bedroom has one of its two towel bars missing.	C 175	All double occupancy rooms have been equipped with 2 towel bars. Clean linen is replaced as needed after use.	02/04/2019

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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 January 24, 2019: a. AL Smokers Porch - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Riser Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Corridor near Bedroom 211 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. AL Court Yard near AL Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. e. Porch near Bedroom 406 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. f. MCU Court Yard near MCU Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test	C 189	All 8 emergency lights have new batteries and are in working order.	02/04/2019

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C 189	Continued From page 5 button is pushed. g. Porch near Bedroom 310 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. h. MCU Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. 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 24, 2019: a. Corridor near Bedroom 110 - the attic access door in the ceiling would not close and latch properly, leaving a gap on the latch side not firestopped. b. Dry Room in Bulk Laundry - there is a gap around a pipe and a duct not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire room of origin. Findings on January 24, 2019: a. Bulk Laundry - the required self-closing door is wedge open. The fire rated door must stay closed or be held open with a hold open device that releases on fire alarm activation. 4. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on January 24, 2019:	C 189	Attic access door has been repaired to latch properly. This issue has been corrected. The wedge has been removed from the door.	02/08/2019 02/08/2019 01/24/19

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C 189	Continued From page 6 a. Bulk Laundry - the corridor door (45 min rated, self-closing), did not close on its own power so the door can latch positively. b. Mech/Elec/Paint Room - the corridor door (45 min rated, self-closing), is falling apart and is not providing any fire protection. 5. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on January 24, 2019: a. Bedroom 206 - this room is being used for storage. Storage of combustibles, significantly increasing the fire load and the room does not have the addition required fire protection. 6. 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. Findings on January 24, 2019: a. Riser Room - 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. b. Kitchen Freezer - the fire sprinkler head is leaking. c. Bedroom 310 - 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. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 24, 2019: a. Bedroom 107 - a multiple plug adaptor,	C 189	The laundry door latch has been adjusted to close properly. A replacement door has been ordered. Will install as soon as it arrives. This room has been completed cleared of all storage and is actally housing a private pay resident. The escutcheon plate has been adjusted to not allow the spread of smoke or heat. We have work request in to First Fire to come and repair/replace fire sprinkler head. The escutcheon plate has been adjusted to not allow the spread of smoke and heat. The multiple plug adaptor has been replaced with a surge protected power strip.	01/28/2019 By 03/31/19 01/31/2016 02/04/2019 By 3/31/2019 02/04/2019 02/04/2019

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C 189	Continued From page 7 without integral overcurrent protection, is attached to an electrical power receptacle. b. Exterior Equipment with Electrical Disconnect Devices - the disconnect devices do not have interior covers (dead fronts) and are unsecured, thus allowing access by unqualified persons to energized components that are not guarded against accidental contact. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 24, 2019: a. MCU Service Hall Clean Linen - the corridor door is falling apart. It hits the doorframe, taking extra force and effort to close and latch. b. MCU Service Hall Custodian - the corridor door has a zero to 1/4 inch gap between the side of the door and the doorframe's stop on the hinge side. 9. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on January 24, 2019: a. General Storage near Bedroom 110 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. 200 Hall Clean Linen - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.	C 189	All equipment has been secured to not allow acess by unqualified persons. Two new doors have been ordered and will be installed as soon as they arrive. All items in both locations have been cleared from the 18-inch clearance area.	01/28/2019 By 03/31/19 02/08/2019
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 8 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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on January 24, 2019: a. Bedroom 107 Bathroom - the required exhaust ventilation system did not work, and there is odor. b. AL Nurse Station Staff Restroom - the required exhaust ventilation system did not work, and there is odor. c. Service Hall Custodian - the required exhaust ventilation system did not work, and there is odor. d. MCU Nurse Station Staff Restroom - the required exhaust ventilation system did not work, and there is odor.	C 199	All 4 exhaust fans were tested and need additional repair. A work order has been put in to have repaired or replaced.	By 03/31/201