STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085009	A. BUILDING: **01** B. WING _____	**03/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIDDY MANOR ASSISTED LIVING	**1294 PRIDDY ROAD KING, NC 27021**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 12, 2019. Records indicate this facility licensed on 4-29-2003, as an Adult Care Facility with a total capacity of 70 residents, including 24 Special Care 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(s) for Group I - Institutional Unrestrained 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the Building does not meet the NC State Building Code in effect at time of alteration because it lacks clear, unobstructed exit discharge paths to a public way. Findings on March 12, 2019: The exit discharge near Bedroom A-07 - previously this exit discharged to a sidewalk that led to a public way. Now this route to the public way is obstructed with the demolition of an entrance and the construction of an addition,. Photos email on March 14, 2019 show the facility had moved gravel to the exit to provide a walking path. It was confirmed by telephone on March 22, 2019 that the new exit shown on the Construction Documents would be built before construction activities once again block the exit and would be maintained throughout the life of the project.	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.	C 164		

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C 164	Continued From page 2 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 if items are broken or partially removed and left where they could injure all. Findings on March 12, 2019: a. Many of the Exit Doors - the mounting brackets for the removed door chimes remain attached to the doors. These brackets have rough and sharp edges, which could cause injury.	C 164		
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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on March 12, 2019: a. Smoke Barrier near Bedroom B-01 - the front leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released	C 189		

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C 189	Continued From page 3 the doors. Deficiency corrected before Construction Surveyors departed site. 2. 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 March 12, 2019: a. MCU Nurse Station - access to both the manual fire alarm pull station and "Special Locking" locked exit doors central emergency override switch were obstructed with the mobile charts cart. Deficiency corrected before Construction Surveyors departed site. 3. 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 March 12, 2019: a. Bedroom C-09 -the wall-mounted self-contained emergency light is making a buzzing sound and has low light output when the test button is pushed. b. Bedrooms in the New Addition of the Memory Care Unit- the wall-mounted self-contained emergency lights did not illuminate on backup power when the test buttons were pushed. 4. 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 March 12, 2019: a. Vestibule near New Construction - there are two holes and two junction box without covers plates not firestopped as they penetrate the fire-resistance-rated ceiling assembly.	C 189		

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C 189	Continued From page 4 b. Kitchen - there are gaps around the commercial kitchen hood's fire suppression system conduits that penetrated through the fire-resistance-rated ceiling assembly. 5. 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 March 12, 2019: a. Corridor near Bedroom A-07 - 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. Bedroom A-09 - 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. AL Living 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. 6. 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 March 12, 2019: a. Executive Directors Office - the corridor door has a heavy item 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. Deficiency corrected before Construction Surveyors departed site.	C 189		