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	HAL067013	A. BUILDING: **01** B. WING _____	**03/21/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHT HOUSE VILLAGE	**182 VILLAGE DRIVE JACKSONVILLE, NC 28546**

(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 and Dennis Harrell, conducted on March 21, 2019. Records indicate this facility was first licensed as a Home for the Aged on 1-21-1980, and currently serves 80 residents. Therefore, the facility must meet the 1977 and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and, the 1978 (w/revisions) North Carolina State Building Code for Group I - 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: 1. Based on observation the facility failed to meet the provisions of the 1978 NC State Building Code which required sprinkler systems OR fire detecting devices be installed in all spaces. Findings on March 21, 2019: a. Entire Building -The smoke or heat detectors installed in the Attics, Bedrooms, Offices, Workrooms, Bathroom, Storage, Halls, etc., have been removed. b. Inspect the facility to insure that smoke detection is installed in the corridors. The detectors must be no more than 30 feet from each other and no more than 15 feet from any end wall. See Cross Reference at Tag C 116 and C 182]	C 101		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division	C 116		

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C 116	Continued From page 2 prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations and interview with Administrator revealed a new fire alarm system had been installed and construction documents were not submitted, and approval was not obtained from the Division and not all licensing requirements were maintained. Findings on March 21, 2019: a. Entire Building - the new fire alarm system for the building has not been summited for review and approved by DHSR.	C 116		

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C 116	Continued From page 3 [See Cross Reference at Tag C 101 and C 182]	C 116		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide all commodes accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 21, 2019: a. Bathroom near Bedroom 125 - the commode did not have a hand grip (grab bar).	C 133		
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	C 150		

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C 150	Continued From page 4 during an emergency. Findings on March 21, 2019: a. B Wing Corridor - there are chairs, obstructing the required six feet width corridor to 64 inches. b. B Wing Corridor right side exit - there is a sandbag, obstructing the path of egress through the door.	C 150		
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. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on March 21, 2019: a. Multiple sidewalks have non-sloped, vertical changes in the walking path, creating tripping hazards. b. Side Porches - the sidewalks do not have a smooth transition with the adjacent ground and the edges of the sidewalk.	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;	C 164		

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C 164	Continued From page 5 (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 facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on March 21, 2019: a. Staff Restroom - the connection of the commode to the floor is loose. b. Bathroom near Bedroom 125 - the commode is missing its seat. 2. Based on observation, the building Ceilings are not kept clean and in good repair. Findings on March 21, 2019: a. B Wing Maintenance Storage - there is a leak from above damaging the ceiling. b. Bedrooms 121 - the textured ceiling is detaching from the ceiling in several small areas. 3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on March 21, 2019: a. A Wing Multiple Bedrooms - the radiation dampers in the HVAC supplies have closed. This stops supply air from being delivered to condition these rooms.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 6 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 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 March 21, 2019: a. Staff Break Room Closet - 2 portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure. Deficiency corrected before Construction Surveyors departed site. b. Clinical Room - 1 portable medical oxygen cylinder is standing up on the floor behind the door, not physically secured in a rack, stand or chained to the structure. Deficiency corrected before Construction Surveyors departed site. 2. 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 March 21, 2019: a. Dining - the abandoned fire pulls, with their covers removed, are exposing sharp and rough edges that could injury someone.	C 166		
C 182	When Any Fac. Replaces Fire Alarm System	C 182		

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	HAL067013	A. BUILDING: 01 B. WING _____	03/21/2019

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C 182	Continued From page 7 SECTION .0300 - PHYSICAL PLANT 10a NCAC 13F .0307 FIRE ALARM SYSTEM (d) When any facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, each bedroom shall be provided with smoke detectors. Other building spaces shall be provided with such fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide the minimum fire alarm system required when replacing the fire alarm system. This could hamper the system's ability to detect and notifying all of fires. This would affect all by not identifying notifying all of fire emergencies. Findings on March 21, 2019: a. Entire Building - the fire alarm system was replaced recently and no smoke detector were installed in the bedroom as well as other building space required by NCSBC. [See Cross Reference at Tag C 101 and C 116]	C 182		
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.	C 189		

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C 189	Continued From page 8 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 March 21, 2019: a. Staff Restroom - the room's heat detector has been painted and may not function as designed. b. Bedroom 102 - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires. c. Throughout the Building - fire alarm devices that are abandoned have not been removed. This is not in accordance with the NC Fire Prevention Code that requires fire protection system and/or equipment not inspected, tested and maintained must be removed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 21, 2019: a. B Wing Firewall, - the back leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. b. A Wing Firewall, - the front leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. 3. 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	C 189		

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C 189	Continued From page 9 residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on March 21, 2019: a. Smoke Barrier near Bedroom 107 - the front leaf, of the double-egress cross-corridor doors, hits the floor and does not close and latch when the fire alarm system released the doors. 4. 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 21, 2019: a. B Wing Corridor - about midway down the main corridor there is a short corridor to the back. There is an exit sign that has no chevron directional indicators punch-outs removed on either side, to direct you to the back, where the closest exit is located. 5. 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 21, 2019: a. Entire Building - there are holes left in the ceiling were the old fire system and wires were removed that are not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Entire Building - there are holes and gaps left in the ceiling were the new fire alarm system was installed that are not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Administrator Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Business Manager Office - there is a gap	C 189		

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C 189	Continued From page 10 around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Bedroom 102 - there are three holes not firestopped as they penetrate the fire-resistance-rated wall assembly. f. Staff Break Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Corridor near Bedroom 107 - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. Bedroom 109 - there are two holes not firestopped as they penetrate the fire-resistance-rated wall assembly. i. B Wing Exit near Dining - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. j. Exterior Electrical Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. k. Med Room - there is a gap around a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. l. Front Door - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. m. Dining - there is a hole in the wall with Kitchen not firestopped as it penetrates the fire-resistance-rated wall assembly. n. Bulk Laundry - the washing equipment leaked and damaged the gypsum walls. The bottom half of these walls have been removed and the structure is being air-dried. Speed the drying process up by adding drying devices and get the fire-resistance-rated wall assembly back in place o. Bedroom 120 - there are three holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly.	C 189		

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C 189	Continued From page 11 p. Bedroom 120 - the HVAC diffuser has dropped down from the ceiling and there is a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly. q. A Wing IT Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. r. A Wing Activity - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. s. A Wing Attic Draft Stop left of Firewall - the draft stop has a hole with a sleeve and cable not sealed around the sleeve and inside the sleeve. t. A Wing Attic Firewall - the firewall in the Attic has two pipe penetrations sealed with orange foam. This orange foam is not be approved to seal penetrations in fire-resistance-rated construction. u. A Wing Attic Firewall - the firewall in the Attic has a duct sealed a two separator cables with their firestopped sealant was pulled out of the penetrations, leaving unprotected openings. v. A Wing Attic Firewall - there is an open-ended sleeve with cable not firestopped as it penetrates the firewall. 6. 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 March 21, 2019: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in December of 2018, there has been no documentation of the	C 189		

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C 189	Continued From page 12 monthly in-house/owner inspections. 7. 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 March 21, 2019: a. Bedroom 114 - this room is being used to store combustible items. This significantly increases the fire load and the room does not have the addition required fire protection needed for storage rooms. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on March 21, 2019: a. Administrator Office - the corridor door has a 0-1/4 inch gap between the door leaf and the bottom of the header doorstop. b. Housekeeping across from Bedroom 102 - the corridor door has a 0-1/4 inch gap between the door leaf and the bottom of the header doorstop. c. Bedroom 110 - the corridor door only latches 2 of 5 times into its frame when closed. d. Med Room - the corridor door is missing its strike plate and the door will not close a latch tightly. e. Bedroom 120 - the corridor door has a 0-3/8 inch gap between the door leaf and the bottom of the header doorstop. f. Bedroom 125 - the corridor door has a 0-1/4 inch gap between the door leaf and the bottom of the header doorstop. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067013	A. BUILDING: **01** B. WING _____	**03/21/2019**

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C 189	Continued From page 13 Findings on March 21, 2019: a. Corridor across from Bedroom 110 - an electrical junction box with energized components, is missing its cover plate and box extension. b. Dinning - an electrical junction box in the ceiling, is missing its cover plate.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on March 21, 2019: a. Bathroom near Bedroom 102 - the water at the sink ran for 5 minutes before reaching 98 degrees Fahrenheit, then started dropping in temperature.	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067013	A. BUILDING: **01** B. WING _____	**03/21/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHT HOUSE VILLAGE	**182 VILLAGE DRIVE JACKSONVILLE, NC 28546**

(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 199	Continued From page 14	C 199		
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. 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 March 21, 2019: a. Bathroom across from Bedroom 120 - the required exhaust ventilation system did not work.	C 199		