Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 Biennial Construction Survey by Suzanna Fay conducted on April 16, 2019. A review of records indicated this facility was first licensed on July 9, 2013. The facility is currently licensed as a 54 Bed Special Care Unit. Therefore the facility was surveyed for compliance with the applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, and 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.	C 000		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not equipped with working sounding devices that are activated when the door is opened or released. Not having working screamers endangers the	C 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 154	Continued From page 1 residents as it could allow for elopement. Findings on April 16, 2019: a. Left Hall - the alarm for the manual override switch on the interior door to the lobby did not sound when the box was opened. b. Left Hall - the alarm for the manual override switch on the exit door by Room 100 did not sound when the box was opened. c. Left Hall - the alarm for the manual override switch on the exit door by Room 121 did not sound when the box was opened. d. Right Hall - the alarm for the manual override switch on the interior door to the lobby did not sound when the box was opened. e. Right Hall - the alarm for the manual override switch on the exit door by Room 120 did not sound when the box was opened.	C 154	a. Alarm battery replaced and working. b. Alarm battery replaced and working. c. Alarm battery replaced and working. d. Alarm battery replaced and working. e. Alarm battery replaced and working.	
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 walls, ceilings and floors were not kept clean and in good repair. Findings on April 16, 2019: a. Dining - there is a small hole, approximately 1	C 164	a. Hole will be patched and repaired.	5/30/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 164	Continued From page 2 1/2 " x 2" in the column beside the storage closets. b. Main Laundry - the exhaust vent has a heavy accumulation of lint and dust. c. Spa (Left Wing) - the ceiling over the shower is damaged from a leak. d. Room 131 Bath - there are two unpatched holes in the wall where the towel bar was relocated.	C 164	b. Main laundry and exhaust vent has been cleaned of excess dust. c. Spa shower ceiling has been repaired. d. Holes in 131 bath will be patched and repaired.	5/1/19 5/3/19 5/30/19
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 facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 16, 2019: a. Nurse Pharmacy (Left Wing) - there was one unsecured oxygen bottle on the floor.	C 166	A. Oxygen bottle has been placed in protective crate.	5/1/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 189	Continued From page 3 (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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on April 16, 2019: a. Dining Room - the three emergency lights along the window wall did not illuminate on test. b. The emergency light outside of the Activity Office did not illuminate on test. c. Nurse Pharmacy - the emergency light did not illuminate on test. d. Main Laundry - the emergency light did not illuminate on test. e. Vending/Residential Laundry - the emergency light did not illuminate on test. f. Courtyard near 104 - the emergency light did not illuminate on test. g. The emergency light near Room 109 did not illuminate on test. h. The emergency light near exit by Room 121 did not illuminate on test. i. The emergency light by Room 117 did not illuminate on test. j. The emergency light by Room 113 did not illuminate on test. k. The emergency light outside at the entrance to the right wing did not illuminate on test. l. Right Wing Nurse Station - the emergency light	C 189	A. Dining room emergency lights will be repaired/replaced. B. Activity emergency light will be repaired/replaced. C. Nurse pharmacy light will be repaired/replaced. d. Main laundry emergency light will be repaired/replaced. e. Vending emergency light will be repaired/replaced. F. Courtyard emergency light will be repaired/replaced. g. Emergency light by room 109 will be repaired/replaced. h. Emergency light by room 121 will be repaired/replaced. i. Emergency light by room 117 will be repaired/replaced. J. Emergency light by room 113 will be repaired/replaced.	5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19

K. Emergency light outside entrance to right wing will be repaired/replaced. 5/30/19

L. Right wing nurse station emergency light will be repaired/replaced. 5/30/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 189	Continued From page 4 did not illuminate on test. m. Right Wing Spa - the emergency light did not illuminate on test. n. The emergency light by Room 127 did not illuminate on test. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on April 16, 2019: a. One leaf on the cross corridor doors near Room 131 did not latch automatically when the fire alarm was tested. 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 could allow fire and smoke to spread beyond the area of origin. Findings on April 16, 2019: a. Rehab Office - the escutcheon plate has dropped on the sprinkler head leaving a gap in the rated ceiling assembly. b. Left Wing Nurse Pharmacy bath - the exhaust fan grille is falling out of the ceiling leaving a hole in the rated ceiling assembly. c. Main Laundry - there is a gap along the right side of the left dryer duct. d. Room 104 - the sprinkler head has dropped leaving a gap in the rated ceiling assembly. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189	m. Right wing spa emergency light will be repaired/replaced. n. Emergency light by room 127 will be repaired/replaced. A. Cross corridor doors by room 131 will latch when fire alarm is tested. A. Escutcheon plate on sprinkler head in rehab office will be repaired. B. Exhaust fan grill at Left Wing nurse bath will be repaired. C. Gap on right side of Left dryer duct main laundry will be repaired. D. Sprinkler head in room 104 will be repaired.	5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19 5/30/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL035024	A. BUILDING: 01 B. WING _____	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 189	Continued From page 5 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 April 16, 2019: a. Vending/Residential Laundry - the latch bolt is missing in the corridor door and the door is damaged at the hardware. 5. 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 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 April 16, 2019: a. Rehab Office - the door was held open using a wedged device.	C 189	A. Latch bolt will be installed in corridor door and door will be repaired. ~~5/30/19~~ A. Wedge removed from rehab office door.	5/30/19 5/1/19