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 _____	R **05/23/2019**

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 Follow Up Construction Survey report by Frank Strickland on 05/23/2019: There are previous cited deficiencies from the Biennial Construction Survey that require corrective action and a new Plan of Correction is required.	{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 residents as it could allow for elopement. Findings on 05/23/2019: 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.	{C 154}		

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{C 154}	Continued From page 1 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}		
{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 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 05/23/2019: 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 189}		

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{C 189}	Continued From page 2 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 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 05/23/2019: a. One leaf on the cross corridor doors near Room 131 did not latch automatically when the fire alarm was tested. 4-Based on observation there is a failure to maintain the facility's fire safety equipment in a	{C 189}		

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{C 189}	Continued From page 3 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 05/23/2019: a. Vending/Residential Laundry - the latch bolt is missing in the corridor door and the door is damaged at the hardware.	{C 189}		