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	HAL063022	A. BUILDING: 01 B. WING _____	06/04/2019

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FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 6-4-2019. This facility was licensed on 11-17-1997, as a Home for the Aged with 85 beds, including 16 Special Care beds. Based on the above information, we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and, the 1996 North Carolina State Building Code - Section 409 Institutional Occupancy (Group I).	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: 1. Based on observation, this facility failed to meet the NC State Building Code requirements for Special Locking (magnetic locks) on the exit	C 101		

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C 101	Continued From page 1 doors. The Code requires, "If any required emergency release switch is of the locking type, all staff responsible for evacuation in an emergency must carry emergency release switch keys." Findings on 6-4-2019: a. The required emergency release switch located at each magnetically locked exit door was of the locking type. One staff interviewed did not carry a release switch key. b. Another staff thought she had a key but could not locate it on her ring of many keys. 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special Locking System. The required central emergency release switch must be labeled as such. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 6-4-2019; The central emergency release switch in Special Care was not labeled.	C 101	Keys are accessible to the team members at the beginning of each shift. Manager or designee will ensure that team member has keys on their person during the shift. Completion Date: June 12th, 2019. Central emergency release switch in Special Care Neighborhood has been label. Completion Date: June 12th, 2019.	
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: Based on observation, there was no hand grip	C 133		

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C 133	Continued From page 2 provided at the shower in the Therapy Bath.	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: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 6-4-2019: There were 2 chairs in the corridor in Special Care reducing the clear width to about 5 feet 4 inches.	C 150	Grab bar added to shower area. Completion Date: June 13th, 2019. Chairs have been removed from corridor in Special Care Neighborhood. Completion Date: June 10th, 2019.	
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation, exit doors were not maintained easily operable. Exits that do not open easily could delay or prevent an evacuation in an emergency. Finding on 6-4-2019:	C 153		

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C 153	Continued From page 3 a. The exit door at the bottom of B stairwell was hard to open. b. One of the exits from the main dining room was very hard to open.	C 153	Repairs have been made to exit door at the bottom of B Stairwell and Main Dining Room. Completion Date: June 14th, 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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 6-4-2019: a. Several (10) portable medical oxygen cylinders were stored in unapproved beverage crates in room 123. b. Several (4) portable medical oxygen cylinders were stored in an unapproved plastic crate in the med room on 100 Hall. c. Several (8) portable medical oxygen cylinders were stored in unapproved cardboard delivery boxes in room 216. d. One portable medical oxygen cylinder was stored laying on the bed in room 216. 2. Based on observation, the building was not	C 166	Community has ensured that the 10 portable medical oxygen cylinders in room 123 are stored in approved cylinder containers. Completion Date: June 4th, 2019 Community has had the 4 portable medical cylinders in the 100 hall med room removed. Completion Date: June 7th, 2019. Community has ensured that the 8 portable and the one portable medical oxygen cylinders are stored in approved cylinder containers in room 216. Completion Date: June 4th, 2019.	

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C 166	Continued From page 4 maintained free of obstructions and hazards. Finding on 6-4-2019; Many wheelchairs were stored on the 2nd floor of the B stairwell. 3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 6-4-2019; Items had been stacked to within 6 onches of the ceiling in the closet off the activity room. Note; This deficiency was corrected during the survey.	C 166	Community removed the wheelchairs that were stored on the 2nd floor in B Stairwell. Completion Date: June 7th, 2019 Community removed storage that was too close to the sprinkler head in the closet of the activity room. Community will maintain clearance. Completion Date: June 4th, 2019.	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	Based on the review of the Fire Drills, fire drills were completed but the community will ensure that additional requested detailed information will be included of how the drill was performed. Completion Date: June 30th, 2019	

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C 189	Continued From page 5	C 189		
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, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 6-4-2019; a. There was clothing hanging on the 1.5 fire rated door to the laundry preventing it from closing completely and latching when activated by the fire alarm system. b. When the clothing was removed from the 1.5 fire rated door to the laundry, it failed to latch when activated by the fire alarm system. c. The 1 hour fire rated door to Physical Therapy was wedged open. d. The door from the kitchen to the corridor dragged and was hard to close and open. e. A wedge was found at the door from the kitchen to the corridor indicating it is sometimes wedged open. f. One of the double 1 hour fire rated doors from the kitchen to the dining room would not latch when closed.	C 189	Community will ensure that clothing will not be hung from the 1.5 fire rated door to the laundry room to preventing it from closing when activated by the fire alarm system. Community also had the latch repaired so that the door will latched when it is activated by the fire alarm system. Completion Date: June 10th, 2019 The wedge has been removed from the 1 hour fire rated Physical Therapy door. Completion Date: June 25th, 2019. Community has made repairs to kitchen door that opens to the corridor. Completion Date: June 14th, 2019. Community has removed wedge from the kitchen door. Completion Date: June 5th, 2019. The one double 1 hour fire rated doors from the kitchen to the dining room has been repaired. Completion Date: June 14th, 2019.	

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C 189	Continued From page 6 g. There was a 5/16 inch gap between the double 1 hour fire rated doors from the kitchen to the dining room. h. One of the double doors to the Fireside Parlor was wedged open. i. The door to room 215 would not latch when closed. Note; This deficiency was corrected during the survey. j. The door to room 207 would not latch when closed. k. The door to room 200 was propped open. l. The door to room 222 was propped open. m. The door to the dining room in Special Care dragged and could not close. n. There was a hole at the latchset through the door to the Public rest room in Special Care. o. The door to the Public rest room in Special Care dragged and was hard to close and open. p. The door to "Electrical Panel Inside" room by room 221 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 6-4-2019: a. Holes (2) in the ceiling of the mop closet beside the exit into the 2nd floor B stairwell, b. Hole in the ceiling of the C stairwell, c. Unsealed conduit penetration in the ceiling of the C stairwell, d. Unsealed 3 inch conduits sleeves (3) in Janitorial on the 1st floor. 3. Based on observation the required one-hour fire rated ceilings were compromised in locations	C 189	The 5/16 inch gap between the double 1 hour fire rated door from the kitchen to the dining room had been repaired. Completion Date: June 14th,2019. Community removed wedge from the Fireside Parlor door. Completion Date: June 5th, 2019. Community corrected on site room 215 not latching properly during the survey. Completion Date: 06/04/2019. Community has repaired door to room 207 to latch when closed. Completion Date: June 12th, 2019 Community has removed the door props from room 200 & 222. Completion Date: June 4th, 2019 & June 5th, 2019. Community has repaired the dining room door to the Special Care Neighborhood. Completion Date: June 12th, 2019. Community has repaired the hole at the latch set through the door to public restroom. Completion Date: June 12th, 2019. Community has repaired public restroom door in the Special Care Neighborhood. Completion Date: June 10th, 2019. Community has repaired door located near room 221 that states "Electrical Panel Inside" so that it will resist the passage of smoke. Completion Date: June 10th, 2019. Community has sealed the sleeves in the following locations: ceiling of the mop closet beside the exit into the 2nd floor B Stairwell, ceiling in C stairwell, conduit penetration in ceiling of C stairwell and conduits sleeves in Janitorial closet on the 1st floor. Completion Date: June 19th, 2019	

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C 189	Continued From page 7 by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findins on 6-4-2019: a. Hole at sprinkler escutcheon in A stairwell, b. Missing sprinkler escutcheon in the closet in room 216 4. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding on 6-4-2019: The exit sign in the dining room did not work on battery when tested.	C 189	The sprinkler escutcheon in A stairwell and in the closet in 216 has been replaced. Completion Date: June 12th, 2019 The battery in the emergency exit sign has been replaced. Completion Date: June 12th, 2019	
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.	C 199		

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C 199	Continued From page 8 This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 6-4-2019; a. The exhaust provided was not working in the mop closet. b. The exhaust provided was not working in the chemical closet.	C 199	Exhaust has been repaired and is working properly. Completion Date: June 14th, 2019	