STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054064	A. BUILDING: **01** B. WING _____	**06/28/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	**1406 EAST SHINE STREET KINSTON, NC 28501**

(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 Chris Sluder on June 28, 2019. Records indicate this facility was first Licensed on December 29, 1963. An addition was submitted April 5, 1994 and another July 18, 1995. The facility was converted to a Special Care Unit on November 23, 2011. The facility is currently licensed for 24 beds Special Care Unit. Based on this information the facility is required to meet the 1971"Minimum and Desired Standards and Regulations - Homes for the Aged and Family Care Homes and the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, Deficiencies were noted which 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 did not meet the NC State Building Code in effect when modified as relates to having an approved sytem of Delayed Egress locks on the facility exit doors. Findings on 06/28/2019: Observation of the exit door on the front hall by bedroom number 1 revealed the door was not equipped with the Code required sign stating (something to the effect of) 'PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND' Observation of the space next to the laundry room revealed the space was not provided with the Code required automatic fire detecting device. The NC State Building Code permits a delayed egress system of locks to be installed on the exits of a building that is protected throughout by automatic fire detection devices.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Interview with facility staff revealed that all of the inspection reports were not available for review.	C 111		

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C 111	Continued From page 2 Findings on 06/28/2019: Interview with facility staff revealed that all inspection reports were locked in the Administrator's office. Forms requested at time of survey include Most recent Annual Fire Alarm record of inspection and test by a qualified Fire Alarm Contractor. Most recent Sanitation inspection of the Building. Most recent Sanitation inspection of the Kitchen. Most recent Fire Marshal's inspection [a.k.a. Fire and Building Safety Inspection].	C 111		
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 and testing, the facility did not maintain all of the fire safety equipment in a safe and operating condition. On site staff agreed to attempt to minimize the effect on the residents by beginning a limited Fire Watch in the	C 189		

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C 189	Continued From page 3 area of the facility affected by the fire alarm system outage. Findings on 06/28/2019: Observation of the smoke detectors in the 'front hall' revealed that the green light on the detectors were not periodically blinking. Spraying each of the detectors on the 'front hall' with simulated smoke did nothing. Activating the pull stations on the 'front hall' also did nothing. Observation of the fire alarm panel revealed the fire alarm panel was indicating no trouble signals. Observing the smoke detectors in the 'right corridor' revealed a light on the detector would periodically blink. Spraying the detector in the 'right corridor' activated the fire alarm system. Observation of the notification devices (horns) on the 'front hall' during activation revealed the notification devices were functioning on the front hall. 2. Based on observation, not all of the Building and fire safety equipment was maintained in a safe and operating condition. This could expose occupants to smoke and fire if not contained in the room of origin. Findings on 06/28/2019 The corridor door to Room 3 was sagging and leaving a 1/8th inch gap below the door stop along the top of the door. Observation of the top hinge showed some loose fasteners. The hinge appeared to have had several previous attempts at repair. 3. Based on observation, not all of the Building and fire safety equipment was maintained in a	C 189		

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C 189	Continued From page 4 safe and operating condition. This could involve the entire facility if the fire rated ceiling did not contain the fire and allowed it to spread into the combustible attic space. Findings on 06/28/2019. An approximately 2 foot by 2 foot area of ceiling on the far right of the kitchen at the intersection with the wall showed signs of water damage which was resulting in the sagging and cracking of the gypsum finish material and lowering the ceilings ability to contain fire.	C 189		