STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036031	A. BUILDING: **01** B. WING _____	R **08/13/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON HOUSE	**850 MAJESTIC COURT** **GASTONIA, NC 28054**

(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 Complaint Follow Up Construction Survey by Dennis Harrell on 8-13-2019. A Construction Section Biennial Survey was conducted at the same time. Deficiencies related to the original Complaint were not corrected. Further action is required. Other deficiencies, not related to the original Complaint were found and are cited in the Biennial Survey.	{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: Deficiency listed on the original Complaint; Based on observation, the facility failed to meet the NC State Building Code in effect at the time of	{C 101}		

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{C 101}	Continued From page 1 construction by not having all of the required components for doors with Special Locking System. The Building Code requires emergency release switches, which are of the on/off type, within 3 feet of locked exit. Finding on 8-13-2019: b. The required emergency release switch at the front door is a momentary switch which re-engages the lock immediately. The switch must be an on/off type. New deficiencies cited on 8-13-2019 regarding the Special (magnetic) Locking which relate to the original Complaint; 1. Based on observation, the facility is equipped with Special (magnetic) Locking on all the exit doors. The magnetic locking failed to operate as required by the NC State Building Code. Magnetic locks that do not work properly could delay or prevent an evacuation in an emergency. Findings on 8-13-2019; a. None of the Special (magnetic) Locking unlocked on activation of the fire alarm system. b. None of the Special (magnetic) Locking unlocked on activation of the required central emergency release switch.; Note: A Plan of Protection (POP) was accepted in which the facility agreed to de-energize the magnetic locking and station staff at each exit until the system is repaired and certified as working properly. 2. Based on observation and interview, most staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	{C 101}		

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