STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060107	A. BUILDING: **01** B. WING _____	**08/14/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN THE VILLAGE AT CAROLINA P	**13150 DORMAN ROAD PINEVILLE, NC 28134**

(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 Construction Section Biennial Survey by Dennis Harrell on 8-14-2019: Records indicate this facility was first licensed on 1-1-1997. The facility is currently licensed as a SIXTY BED SPECIAL CARE UNIT Facility. Therefore, we are requiring that this facility to meet the 1996 Rules for the Licensing of Adult Care Homes and the applicable portions of the 2005 Licensing Rules and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were cited.	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:	C 101		

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C 101	Continued From page 1 1. Based on observation and interview, most staff were unaware of the location or the use or even the existence of the required emergency release switch for the Special (magnetic) Locking at each exit door. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment. 2. Based on observation, this facility failed to meet the NC State Building Code requirements for Special Locking (magnetic locks) on the exit doors. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Finding on 8-14-2019: The required emergency release switch located at each magnetically locked exit door was of the locking type. Staff did not carry release switch keys. 3. Based on observation and interview, all staff were unaware of the location or the use or even the existence 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. 4. 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. Finding on 8-14-2019: The central emergency release switch on the Special Care side was labeled wrong as "Fire". 5. Based on observation and interview, all staff	C 101		

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C 101	Continued From page 2 were unaware of the location or the use or even the existence of the key to reset the central emergency release switch for the Special (magnetic) Locking. The reset key happened to be stored in a drawer just below the switch and was found by accident after the surveyor informed staff that a key was required. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment. 6. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Finding on 8-14-2019: There are 2 corridor exits and 2 other doors leading into the large entrance foyer at the front door. The exit leads through an interior door into a vestibule and then through an exterior door. The exit path is a required exit. No exit sign is provided over the interior door and the exit sign over the exterior door is not visible from most of the foyer.	C 101		
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.	C 166		

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C 166	Continued From page 3 This Rule is not met as evidenced by: 2. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 3. Based on observation, an extension cord was being used in place of permanent wiring and was run through a door from the Community room to a storage space. Extension cords are intended for temporary use only and must never pass through a doorway. 4. Based on observation, the cord to a CD player was run through a door from the corridor to the Ice Cream Parlor. Cords must never pass through a doorway. Note; This deficiency was corrected during the survey.	C 166		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation and interview, the	C 184		

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C 184	Continued From page 4 exterior evacuation paths were not clearly defined or communicated. Findings on 8-14-2019; a. The exits from Asheville, Charlotte and Wilmington lead to angular courtyards. There were not exit signs in the courtyards to clarify the intended exit path. It was not clear from observation or interview with staff if the gates are intended to be used during evacuation. The gates were not easily visible or located. It took a few minutes to find the gates in the day light. In the confusion of an evacuation at night, finding the gates would be very difficult. b. The exit path from Asheville Community was overgrown with a tree limb hanging to just 3 feet above the side walk. c. The exit gates from the courtyards were secured with padlocks. Staff did not carry keys to the locks	C 184		
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, one of the required emergency release switches in Wilmington Community was broken. A broken switch could delay or prevent an evacuation in an emergency.	C 189		

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C 189	Continued From page 5 2. 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 8-14-2019; a. The closer is disconnected on the 3/4 hour fire door to the laundry. b. The double doors to the Community room cannot latch because the latchbolt was removed. c. The rated door to the laundry in the Charlotte Community was propped open. Note; This deficiency was corrected during the survey. d. The door to the employee breakroom is dragging and hard to close and latch. e. The door to the Administrative area is dragging and hard to close and latch. f. The door to the moproom was wedged open. g. The door to the Ice Cream Parlor was wedged open. h. Two doors to activity closets on the Charlotte Community were disabled from latching with tape over the strike. Note; These deficiencies were corrected during the survey. 3. 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 8-14-2019: a. Holes in the wall of the BOM office, b. Holes in the wall of the copy area, c. Holes in the wall of the riser room.	C 189		

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C 189	Continued From page 6 4. 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 8-14-2019; Storage had been stacked to within 5 inches of the ceiling in the storage closet off the Community room.	C 189		