STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013006	A. BUILDING: 01 B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDREWS LIVING CENTER	246 CABARRUS WEST CONCORD, NC 28025

(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 Construction Section Biennial Survey by Ed Miller, conducted on August 21, 2019. Records indicate that the was licensed on 02/02/1987 for Twenty-Four (24) residents. An addition constructed in 1996 increased the total resident capacity to Fifty- Six (56) Beds. Based on this information, we are requiring the original facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, 1978 North Carolina State Building Code (Rev 8), Section 409- Institutional Occupancy- Unrestrained and the 32-bed addition to meet the 1996/Applicable 2005 Rules for the Licensing of Adult Care Homes and the 1991 North Carolina State Building Code (1995 Rev), Section 409.1 Institutional Occupancy, Unrestrained. Deficiencies were cited that require a Plan of Correction.	C 000	POC Attached	
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	C 101		

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C 101	Continued From page 1 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, the facility failed to meet the NC State Building Code in effect at the time of construction Findings on August 21, 2019: a. Living Room - this space is open to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors.	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. Based on record review, and interview with Owner the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on August 21, 2019: a. The current Fire and Building safety Inspection (Fire Marshal) Report is not available for review by the Surveyor.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 2 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on August 21, 2019: a. Front Lobby Housekeeping - the ventilation system with their radiation dampers have an excessive accumulation of dust/lint. b. Staff Bathroom - the ventilation system with their radiation dampers have an excessive accumulation of dust/lint.	C 164		
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 free of hazards, if oxygen cylinders	C 166		

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C 166	Continued From page 3 fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on August 21, 2019: a. Staff Bathroom - seven portable medical oxygen cylinders are standing up on the floor in an unapproved plastic beverage crate not physically secured in racks, stands or chained to the structure. b. Bedroom 108 - four portable medical oxygen cylinders are standing up on the floor in an unapproved plastic beverage crate not physically secured in racks, stands or chained to the structure. c. Diaper Room near Bedroom 112 - five portable medical oxygen cylinders are standing up on the floor in an unapproved plastic beverage crate not physically secured in racks, stands or chained to the structure.	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, the Facility failed to properly post and maintain the evacuation maps. This would affect all by not providing proper	C 184		

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C 184	Continued From page 4 guidance during an emergency. Findings on August 21, 2019: a. Corridor near Bedroom 107 - the mounted evacuation map does not identified the viewer's location. ("You Are Here").	C 184		
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: 1. Based on Record review of the last 12 months of rehearsals, and interview with owner the Facility failed to document a short description of what the rehearsal involved, and the locations of the simulated fire. Findings on August 21, 2019: a. The rehearsal records do not provide a short description of what the rehearsal involved for all the rehearsals.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 5 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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 21, 2019: a. Front Door - the exit sign does not illuminate on backup power when tested. b. Corridor near Nurse Station - the self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Corridor near Bedroom 214 - the exit sign does not illuminate on backup power when tested. d. Mechanical Room near Kitchen - the self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall failed to function as designed. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on August 21, 2019: a. Firewall near Kitchen - the cross-corridor door is missing its strike bolt and cannot latch into its frame.	C 189		

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C 189	Continued From page 6 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on August 21, 2019: a. RCC Office (behind drapes and room)- there are several holes with conduit not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Front Lobby Housekeeping - there is a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Med Room - there is an EMT conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Mechanical Room near Kitchen - there are multiple holes, pipes, and cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. e. Riser Room - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. f. Front Entrance Exterior Mechanical Room - there many holes, gaps around pipes and cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. Front Entrance Exterior Mechanical Room - the attic access panel is missing, permitting a large penetration of the fire-resistance-rated ceiling assembly. h. Front Entrance Exterior - there are multiple penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. i. Refrigerator Room - a new refrigerator was built into this room and fills-up the room. There is no means to inspect the rated ceiling above the acoustical ceiling tile and the corridor door is a siding barn style that is not smoke tight.	C 189		

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C 189	Continued From page 7 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 21, 2019: a. RCC Office - there are two 1/4-inch diameter holes through the corridor door around the door handle. b. Bedroom 210 - the corridor door does not latch into its frame when closed. c. Bedroom 214 - the corridor door does not latch into its frame when closed. d. Diaper Room near Bedroom 112 - there are two 1/4-inch diameter holes through the corridor door around the door handle. e. Dietary Storage - the corridor door latch bolt done not automatically retract when closing the door, the handle must be turned. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 21, 2019: a. Bedroom 112 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not trip when its test button is pushed or when tested with a ground fault receptacle tester & circuit analyzer. b. Public Restroom near Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not trip when its test button is pushed or when tested with a ground fault receptacle tester & circuit analyzer. c. Mechanical Room near Kitchen - an electrical junction box with energized components, was missing its cover plate. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all	C 189		

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C 189	Continued From page 8 residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on August 21, 2019: a. Front Lobby Housekeeping - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling, exposing an opening that allows the spread of smoke and heat.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on August 21, 2019: a. Bedroom 112 - a portable electric heater was found in this room.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199		

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C 199	Continued From page 9 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. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on August 21, 2019: a. Bathroom near Bedroom 206 - the required exhaust ventilation system at the commode does not work. b. Public Restroom neat Kitchen - the required exhaust ventilation system at the commode does not work.	C 199		

Statement of Deficiencies And Plan of Correction	Provider St Andrews Living Center HAL013006	Date of Survey 8/21/2019 POC Due 9/11/19 Comp. Date 10/5/19

ID PREFIX TAG	POC	Complete Date
C101	8/22/19 the day after survey I called our Fire Alarm Provider and got on the Schedule to have a smoke detector installed in the Living Room and tied into Our fire panels . Work on this will be completed by the 45-day completion date Of Oct. 5th, 2019.	Week of Sept. 16 – 20th
C111	We concur, we could not produce the latest copy of the Fire Marshall's report, it was either miss filed or lost. We will be more prudent in the future and going forward will keep all such forms together and available for the inspector.	8/23/19
C164	Front Lobby and Staff Bathroom were cleaned along with all other vents in the Facility. Going forward Housekeeping is instructed to clean all vents on a weekly Basis.	8/22/19
C166	On 8/22/19 the Oxygen provider was notified to supply approved metal containers for oxygen storage inside our facility. Oxygen provider brought in metal containers as requested, Staff Bathroom- Photo Attached Bedroom 108- Photo Attached Diaper Room- Cylinders were removed by the Oxygen Supplier.	8/26/19
C184	An identifier of " You are Here" added to the evacuation map outside room 107. Going Forward, identifier "You are Here" was added to the other evacuation maps throughout the facility. Photo Attached	9/5/19
C185	We concur, our fire rehearsal records failed to describe what the drill involved, and The location of the simulated fire. Going forward we have modified our Fire Drill Schedule forms to include space for a short description, and location of simulated fire. Copy of New Fire Drill form attached.	9/2/19
C189	1. a. Front Door Exit Sign replaced with LED Signage. b. Corridor Near Nurses Station – Emergency Light replaced with LED c. Corridor near Room 214- Exit Sign replaced with LED Signage d. Mechanical Room Near Kitchen – Emergency Light replaced with LED	 9/9/19 9/9/19 9/9/19 9/9/19

Statement of Deficiencies And Plan of Correction	Provider St Andrews Living Center HAL013006	Date of Survey 8/21/2019 POC Due 9/11/19 Comp. Date 10/5/19

ID PREFIX TAG	POC	Complete Date

C189 Cont.

2.

a. Replaced entire handle with commercial grade 3 Hr. Fire Rated Door Handle. Info about Handle attached. 9/5/19
Going forward we also replaced the Front Office Door, Diaper Room, and Dietary Storage Handles. Later Cited in C189 4.

3. Week of Sept.

a. RCC Office – Will treat and label all Penetrations 9-13th
b. Front Lobby Housekeeping-Will treat all Penetrations, 9-13th
c. Med Room- Will treat all Penetrations, 9-13th
d. Mechanical Room near Kitchen-Will treat all Penetrations, 16-20th
e. Riser Room- Will treat all Penetrations, 9-13th
f. Front Entrance Exterior Mechanical Room- Treated all Penetrations, Photos Attached. 9/6/19
g. Front Entrance Exterior Mechanical Room-Will Patch access Panel Hole. Week of Sept. 23-27th
h. Front Entrance Exterior Mechanical Room-Removed Orange Foam and Treated all Penetrations. Photo Attached 9/6/19
i. Refrigerator Room- Will removed remaining ceiling tile and grids- Will treat all Penetrations. Week of Sept. 23-27th

Items a – i above were handled by Southern Maintenance Company And we are sending certifications referring to the fire rating of the Caulking, and foam they use. Going forward with this we are having Southern Maintenance go through our whole facility including the attic and seal any Penetration they found.

4.

a. RCC Office-Replaced Door Handle with Commercial Grade Handle 9/5/19
b. Bedroom 210-Adjusted Catch, so door latches now. 9/9/19
c. Bedroom 214- Adjusted Catch, so door latches now. 9/9/19
d. Diaper Room-Replaced Door Handle with Commercial Grade Handle 9/5/19
e. Dietary Storage--Replaced Door Handle with Commercial Grade Handle 9/6/19

Statement of Deficiencies And Plan of Correction	Provider St Andrews Living Center HAL013006	Date of Survey 8/21/2019 POC Due 9/11/19 Comp. Date 10/5/19

ID PREFIX TAG	POC	Complete Date
C189 Cont.		
	5.	
	a. Bedroom 112- Replaced GFCI	9/6/19
	b. Public Restroom near Kitchen-Replaced GFCI	9/6/19
	c. Mechanical Room near Kitchen-Replaced Plate	9/6/19
	6.	
	a. Front Lobby Housekeeping- Pushed escutcheon plate back into place, snug with the ceiling.	9/3/19
C191	1.	
	a. The portable heating unit was removed from the residents' room And Resident and Family members were informed such items were Not allowed in Assisted Living Facilities	8/22/19
C199	1.	
	a. Bathroom near Room 206-Tightened loose wire, now working	9/9/19
	b. B. Public Restroom near Kitchen- Replaced Fan Motor	9/4/19

Statement of Deficiencies And Plan of Correction	Provider St Andrews Living Center HAL013006	Date of Survey 8/21/2019 POC Due 9/11/19 Comp. Date 10/5/19

We also Identified other areas of the facility as needing attention, i.e. Dated Exit signs, Dated Emergency Lights, Other Evacuation Maps needing the identifier "You are Here" and replaced and adjusted accordingly. Likewise, while engaging Southern Maintenance Company to address the deficiencies cited in the Survey, we had them check other parts of the facility to ensure complete compliance.

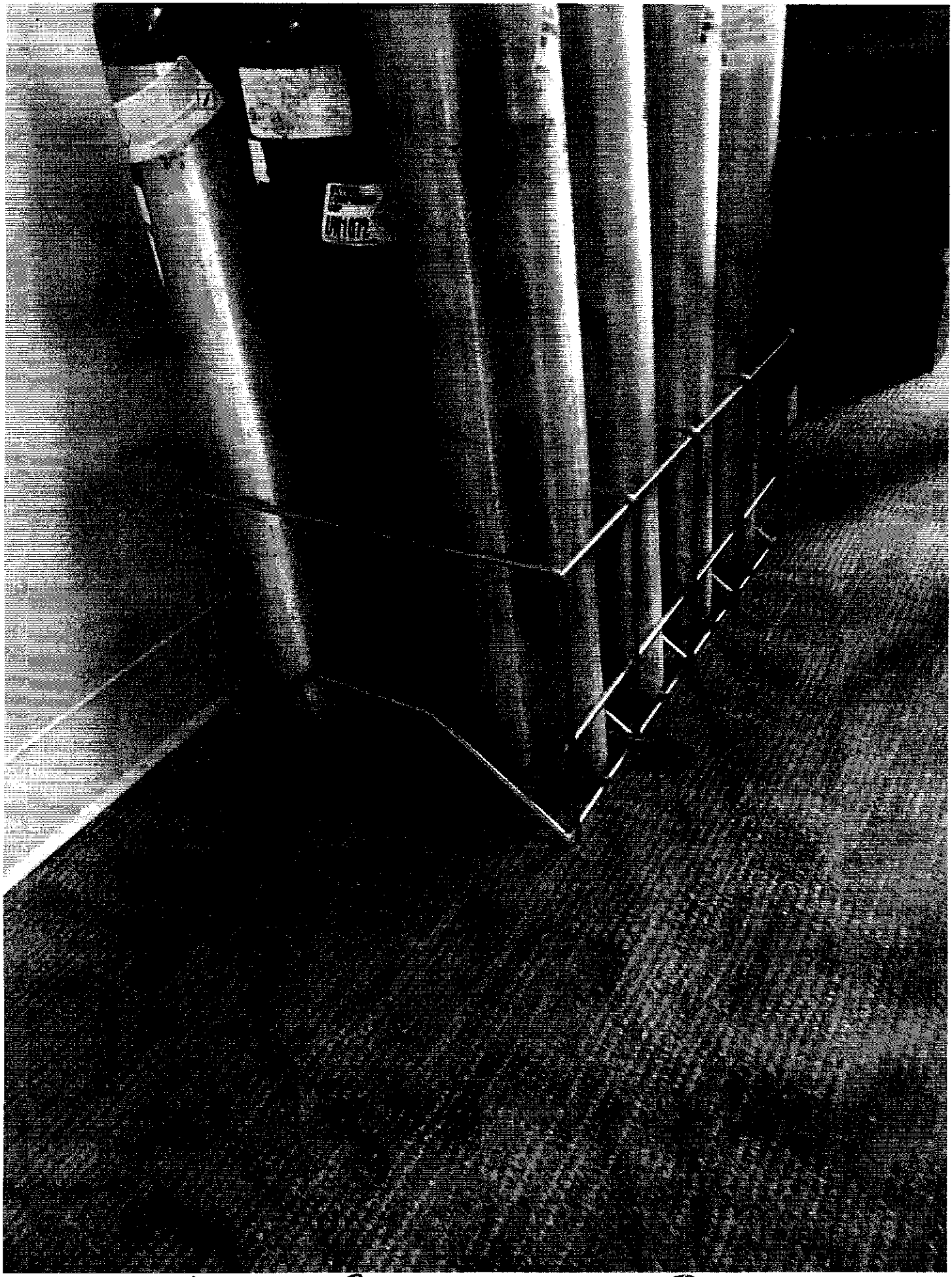
The Administrator will follow-up weekly with Maintenance Director to ensure that any equipment in ill repair has a scheduled repair date or has been repaired as noted. Or, that any penetrations through rated walls or ceilings have been closed and sealed with fire caulk. Administrator will also follow up weekly with Housekeeping to ensure Ventilation grids are properly cleaned.

Moving forward with changes to help prevent deficiencies, with Southern Maintenance Company's assistance, we will implement an "Above Ceiling Permit System" allowing contractors, and other service Companies, an ability to do work in our building, but a way for us to track when they are hear, what they are doing, and where they are working. With this permit filled out, Our maintenance personnel, along with Southern Maintenance, can check behind any crew working in our facility and address any items That would be considered a deficient practice.

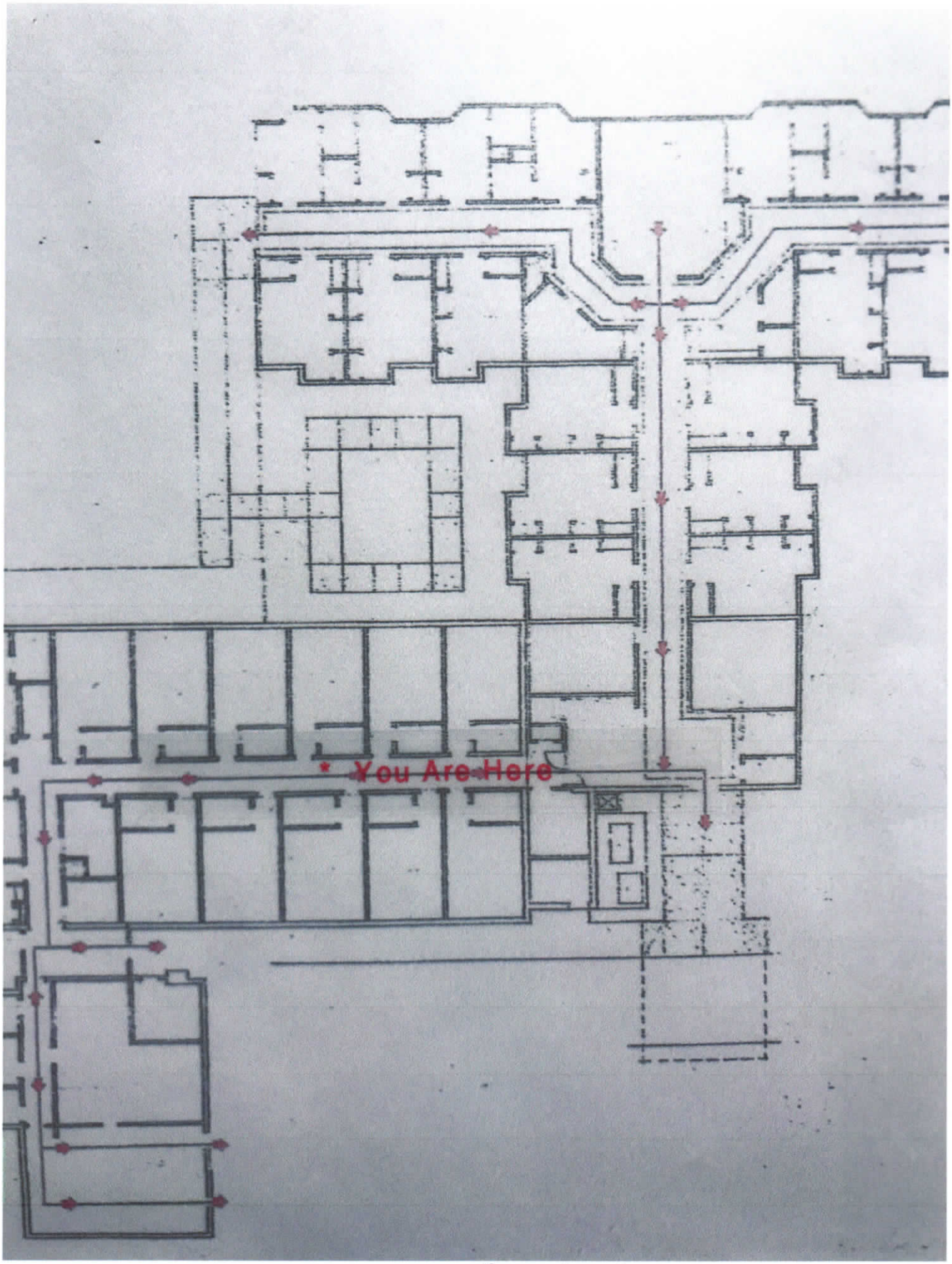
Monitoring all aspects of the corrective action will be achieved through contracting with Southern Maintenance Company on an Annual basis, for a Facility inspection / repair/replace, and training Of our Maintenance personnel to be more vigilant in the everyday operations of the Facility. With self Inspections and repairs, the Facility should be maintained above any deficient practice.

Signed	Title	Date
R E Underwood Jr	President	9/10/19

C-1616 STAFF BATH ROOM



C166 - Resident Room 108



C 184 CORRIDOR NEAR ROOM 107

FIRE DRILL SCHEDULE

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home:_____

Address:_____

Date of rehearsal:_____ Time of rehearsal:_____

Shift 1st-2nd-3rd (circle any that apply)

Person in charge:_____

Other staff members present:_____

_____

1. Time for evacuation:_____
2. Description of incident_____

   _____

   _____
3. Place of incident_____

   _____
4. Areas covered: (check any that apply)

   _____ Fire extinguisher instructions

   _____ Fire alarm operation

   _____ Fire evacuation maps

   _____ Discuss Fire Hazards

   _____ Other _____

   _____

****

C185 - New Fire Drill Form

C 189 Applies To all Handles Replaced.

C-189 #3 f. + H.

C-189 - #3 f. + H.

C-189 #3 f. + H.