STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023031	A. BUILDING: **01** B. WING _____	**09/19/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGS MOUNTAIN CARE CENTER	**115 FERGUSON DRIVE** **KINGS MOUNTAIN, NC 28086**

(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 9-19-2019. Records indicate that this facility was first licensed on 7-1-1978, for 20 residents. Based on this information, we are requiring that this facility meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the current 2005 Rules for Adult Care Homes and the 1967 edition of the NC State Building Code.	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 doors. The Code requires, "If any required	C 101		

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C 101	Continued From page 1 emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 9-19-2019: The required emergency release switch located at each magnetically locked exit door was of the locking type. At least one staff did not carry a release switch key. 2. Based on observation, the magnetic locks on the exit doors and on the exit gate from the courtyard unlocked upon activation of the fire alarm system but then re-locked when the fire alarm system was silenced. Magnetic locks that re-lock before the fire alarm system is fully reset could delay or prevent an evacuation in an emergency.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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: Based on observation, there was black colored mold on the ceiling of the utility room across from the Living room.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 2 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, an exterior exit path was not maintained uncluttered and free of obstructions. Finding on 9-19-2019; The exit ramp at the rear of the facility was obstructed with storage boxes with only 2 feet 7 inches of clear space maintained. The exit ramp must not be used for storage. 2. Based on observation, the gate in the courtyard is a required exit. When a staff member attempted to open the gate during a fire alarm test, the gate proved to be very complicated to open, even in daylight. Staff must be capable of opening the gate in all conditions. 3. Based on observation, an extension cord was being used in place of permanent wiring from the facility to the exterior storage building. Extension cords are intended for temporary use only. 4. Based on observation, an extension cord was extended across the exit path outside the rear door of the facility. The cord presented a trip and fall hazard.	C 166		

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C 189	Continued From page 3	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, 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 9-19-2019; a. The fire doors did not release and close when the fire alarm system was activated. The staff agreed to keep the doors closed until they were repaired. b. One of the fire doors did not latch when closed manually. c. The door to room 1 does not fit the opening properly to be resistant to the passage of smoke. d. The door to room 7 does not fit the opening properly to be resistant to the passage of smoke. e. The door to room 9 does not fit the opening properly to be resistant to the passage of smoke. f. The door to room 10 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, there was no documentation of the required in house/owner's	C 189		

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C 189	Continued From page 4 monthly inspections provided on the inspection tag at the range hood fire suppression system. The system was last tagged in March of 2018 and has not been monthly inspected since. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 3. Based on observation, there was no documentation of the required in house/owner's monthly inspections for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. Findings on 9-19-2019; a. The fire extinguisher in the kitchen was last tagged in February of 2018 and was last inspected in March of 2018. b. The fire extinguisher near door 3 was last tagged in February of 2018.	C 189		