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 _____	R **10/01/2019**

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 Biennial Follow Up Construction Survey by Dennis Harrell on 10-1-2019. Several deficiencies were not corrected. Further action is required.	{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: 3. Based on observation and interview, at least one staff was 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	{C 101}		

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{C 101}	Continued From page 1 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 10-1-2019: The central emergency release switch on the Special Care side was labeled wrong as "Fire". 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 10-1-2019: 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 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.	{C 184}		

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{C 184}	Continued From page 2 (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 exterior evacuation paths were not clearly defined or communicated. Findings on 10-1-2019; a. The exits from Asheville, Charlotte and Wilmington lead to angular courtyards. There were no 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. 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: 2. Based on observation, many corridor doors are prevented from closing quickly and latching to	{C 189}		

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{C 189}	Continued From page 3 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 10-1-2019; a. The closer is disconnected on the 3/4 hour fire door to the laundry. h. Two doors to activity closets on the Charlotte Community were disabled from latching with tape over the strike.	{C 189}		