STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068034	A. BUILDING: **01** B. WING _____	**10/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	**401 WEST QUEEN STREET HILLSBORO, NC 27278**

(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 Billy S. Bryant conducted on 10-8-2019. Records indicate this facility was first licensed 12-1-1964, as a Home for the Aged. In the early 1970's an addition was constructed adding 9 Beds to the original 8 Beds increasing the capacity to 17 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Group D-2 Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: Section 1104.7 (a), of the 1967 NC State Building Code required, "Every interior corridor of Group C, D (Institutional) and E occupancy shall be of not less than 1-hour fire resistive construction, and all openings therein protected accordingly. Room doors may be 1 ¾ inch solid bonded wood core doors or the equivalent." This Code is not met as evidenced by: The door to the storage room near the right front exit appeared to have been replaced. The door was a different color than others on the hall and is hollow and does not properly fit the opening to allow it to close and latch.	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: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are:	C 148		

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C 148	Continued From page 2 (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, the corridor handrails failed to meet the Rule listed above. Findings on 10-8-2019; a. The handrail in the corridor between rooms 1 and 3 lacked enough supports to be capable of supporting a 250 pound concentrated load. b. The handrail in the corridor between rooms 2 and 4 lacked enough supports to be capable of supporting a 250 pound concentrated load.	C 148		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, a small tree had grown across and blocked an exterior exit ramp. Note; This deficiency was corrected during the survey.	C 160		
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	C 164		

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C 164	Continued From page 3 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, the building mechanical systems are not kept clean and in good repair. Findings on 10-8-2019: The HVAC exhaust grill in the laundry had an excessive accumulation of dust/lint.	C 164		
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: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185		

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C 189	Continued From page 4	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 10-8-2019; a. The smoke barrier door did not close completely and latch when activated by the fire alarm system. b. The door to the Men's bathroom does not latch when closed. c. The door to room 3 does not fit the opening properly to be resistant to the passage of smoke. d. The door to room 4 does not fit the opening properly to be resistant to the passage of smoke. e. The door to bedroom 1 was propped open. 2. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:	C 189		

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C 189	Continued From page 5 a. Corridor near the main entrance, b. Kitchen, c. Combination emergency light/exit sign near the right front exit not working on normal or battery, d. Combination emergency light/exit sign near the right back exit not working on normal or battery. 3. Based on observation, the required one-hour fire rated 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. Finding on 10-8-2019: a. The ceiling was damaged in the storage room near the right front exit. b. There was a hole above the exit sign at the right front exit. 4. Based on observation, the kichen range hood was last professionally inspected in October of 2018. There was no documentation of any inspections since, either professional or the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected and the inspections must be documented somewhere such as on the tag provided at the system pull. 5. Based on observation, the electric panel in the basement was severely obstructed with several boxes. A clear access of at least 30 inches wide and 3 feet deep must be maintained in front of electric panels.	C 189		