STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019020	A. BUILDING: 01 B. WING _____	09/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA MEADOWS FAIRWAYS	700 A CAROLINA MEADOWS CHAPEL HILL, NC 37517

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on September 26, 2019. Records indicate that this facility was first submitted on March 23, 2014 for a new 3 story I-2 Occupancy building at 700A, an existing 2 story Group R Occupancy constructed in 1991 to undergo a change of Occupancy to I-2 at 700 and a 1 story Assembly Occupancy at 300 to be sprinkled and used for the required dining area. The facility is currently licensed for 95 beds including a 15 bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes, the 2002 NC State Building Code and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes. Deficiencies were cited that require a Plan of Correction.	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	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. Observations revealed that the facility did not meet code requirements at the time of construction, addition, renovation or alteration. Spaces open to the corridor are required to have the same protection as required in the corridor. Findings on September 26, 2019: a. Second Floor (700A) Card Room - there is not sufficient smoke protection in the room as it opens to the corridor. The distance from the nearest smoke detector exceeds fifteen feet.	C 101	1a. A smoke detector will be added to the existing building smoke and fire alarm system.	11/15/19
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Observations revealed that two of the toilet room accessible to residents were not provided with hand grips. Findings on September 26, 2019: a. 700 Building Men's Toilet Room by Dining - the middle stall did not have a hand grip. b. 700 Building Women's Toilet Room by Dining - two of the stalls did not have hand grips.	C 133	1a. hand grips were added to the middle stall in the Men's Toilet Room. 1b. hand grips were added to the Women's Toilet Room by dining room.	10-14-19 10-14-19

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C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide alarms for residents who are disoriented or wanderers. Findings on September 26, 2019: a. SCU Courtyard - the alarm on the gate for the override switch did not sound when lifted.	C 154	— 1a. The battery for the alarm was replaced and tested. The alarms for the override switches will be tested quarterly by the safety committee.	22 10-14-19
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	C 164		

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C 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept in good repair. Findings on September 26, 2019: a. Third Floor Med Prep (700A) - the light lens was loose and hanging from the fixture. This was repaired at the time of survey. b. Second Floor (700A) - there was leak above the ceiling outside of Room 236. One of the ceiling tiles was stained and damp. c. SCU Clean Linen - a section of the ceiling track is missing behind the column.	C 164	1a. The light lens was fixed at the time of the inspection. 1b. The ceiling tile was replaced and the leak that was in the ceiling and no further water damage is apparent. Ceiling tiles will be assessed during monthly walking rounds with physical plant staff. 1c. The ceiling track has been replaced in the SCU Clean Linen room. The ceiling tracks will be assessed during monthly walking rounds with physical plant staff.	9-26-19 10-14-19 10-14-19
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.	C 189		

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C 189	Continued From page 4 Findings on September 26, 2019: a. Attic at Room 335 - there are two chiller lines penetrating the fire wall. The fire caulk is failing around the opening leaving holes in the fire wall. The sprinkler line is not sealed where it penetrates the fire wall. b. Exterior Electrical Room outside of Kitchen - there are three conduits not sealed as they penetrate the ceiling. c. Basement Electrical Room - there is an open cable sleeve in the front right corner of the room that has not been sealed. d. 700 Building Training Room - there is a small hole at the sprinkler head. e. 700 Building Room 202 - the small closet is missing an escutcheon plate at the sprinkler head. 2. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on September 26, 2019: a. 700A Nurse Manager's Office on second floor - the two outlets at the sink did not trip using a tester. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on September 26, 2019: a. Second Floor (700A) - the exit sign at the fire door outside of Room 235 did not illuminate on	C 189	1a. The chiller lines penetrating the fire wall were caulked with fire rated caulking. The chiller lines will be inspected on quarterly walking rounds done by physical plant staff and Fairways administration. 1b. Three conduits were sealed in the Exterior Electrical Room outside of the kitchen. 1c. The cable sleeve in the basement Electrical room has been sealed. Cable sleeves will be inspected on walking rounds. 1d. The hole at the sprinkler head was filled in. 1e. The escutcheon plate was replaced at the sprinkler head. 2a. The GFCI outlet was replaced. 3a. The battery was replaced, tested and is working.	10-14-19 10-14-19 10-14-19 10-14-19 10-14-19 10-14-19

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C 189	Continued From page 5 battery test. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the face of the door or gaps between the door and the door frame stops. Findings on September 26, 2019: a. SCU Room 134 - there is a 1/4" hole in the door at the door hardware. b. SCU Room 135 - there is a 1/4" hole in the door at the door hardware. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 26, 2019: a. SCU Staff Room - the door is warped and no longer closes and latches. b. Kitchen Pantry - the door does not latch when closed. 6. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on September 26, 2019: a. Kitchen - a bus cart was blocking access to the electric panel at the ice cream bin. b. Kitchen - a bus cart was blocking access to	C 189	4. The doors to the units will be checked on unit turnover. 4a. SCU Room 134 was repaired 4b. SCU Room 135 was repaired 5. An annual check during quarterly safety committee meetings will check the elevator fire doors latching/closing ability. The safety committee will also include checking the doors in common areas to ensure compliance on a quarterly basis. 5a. SCU staff room door to be repaired. 5b. The kitchen pantry door is repaired and is latching. 6.a.&b.Tape will be placed at 36" in front of the panels to prevent items from being placed there. Signage will be placed as a reminder. All staff will be responsible for keeping area clear on a daily basis. Dining management will also monitor.	10-14-19 10-14-19 11-1-19 10-14-19 11-1-19

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C 189	Continued From page 6 the electric panel at the walk-in coolers. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on September 26, 2019: a. Kitchen Pantry - combustible items were stored to the ceiling.	C 189	7a. A line will be painted in the kitchen pantry to show 18" from the ceiling to remind staff to not place items above that line. All staff will monitor on a daily basis and dining management staff will also monitor.	11-1-19
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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. Observations revealed that the facility was not maintained in a safe manor. Ovens were found	C 193	1. The oven in the Green will be monitored by staff on a daily basis to ensure that it is not on when the	

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C 193	Continued From page 7 to be operable without staff supervision. Findings on September 26, 2019: a. SCU Kitchen - the oven was operable and no staff were present near the kitchen.	C 193	oven is not being used.The key will be removed after use. All staff will a be responsible for monitoring the oven when in use and ensuring that it is turned off after use. 1a. A smoke detector will be added to second floor card room	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 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. Observations revealed that the facility did not provide exhaust ventilation in required areas. Findings on September 26, 2019: a. SCU Laundry Room - the exhaust fan is not pulling enough to hold a thin sheet of plastic. b. SCU Spa Janitor Closet - there is not an exhaust fan for this room.	C 199	1a.SCU Laundry Room- The exhaust fan was repaired with a new motor. 10-14-19 1b. SCU Spa Janitor Closet-an exhaust fan was added to the closet. 10-14-19	