STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay conducted on 10/23/2019: This facility was licensed for licensure on 08/01/1988 and is currently licensed for 120 Beds including a 36 Bed Special Care Unit. Therefore, this 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 1978 (Revision 9) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction is requird.	C 000		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (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: A1-Based on observation, this facility has not been maintained the corridor handrails good repair. Findings on 10/23/2019: The handrails are not secured to the corridor wall at the following locations:	C 148		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 148	Continued From page 1 (a) Entry Foyer/Men's Room (b) Entry Foyer/Med Tech Station (c) Accross the hall from Room39	C 148		
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-Based on observation, this has not maintained the remote sounding devices when the exit doors are opened. Findings on 10/23/2019: The screamer box covers did not alarm when testing the magnetic lock on/off switches at the following locations: (a) Exit 1 (b) Exit 3 (c) Exit SCU	C 154		
C 160	Outside Premises-Clean, Safe	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 160	Continued From page 2 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: 1-Based on observation, this outside grounds have not been maintained in a safe condition. Findings on 10/23/2019: The Courtyard area has broken concrete at the patio area and the sidewalks leading to outdoor spaces are broken and not secure that may develop into a trip hazard. 2-Based on observation, this outside grounds have not been maintained in a safe condition. Findings on 10/23/2019: Outside Exit 9, there is a 3" hole in the soffit just above a PVC conduit that has exposed wiring that is not sealed thusly leaving a hole into the attic space for vermin.	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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1-Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair (related to a bed bug infestation). Failure to remove past signs of bed bug activity makes it impossible to determine if activity is current/ongoing. Findings on 10/23/2019: Althoug no live bed bugs were observed, the housekeeping practices have not cleaned up the dead bed bugs and other evidence of suspected bed bug activity after treatment. Listed below are the rooms that had treatments but have not cleaned the floors and walls effectively: (a) Room 37 (b) Lounge adjacent to Room 27 (c) Activity Room Across the Lounge 2-Based on observation, this facility has not been maintained in good repair. Findings on 10/23/2019: The following locations have ceilings that were damaged due to leaking sprinkler piping in the attics: (a) Dining Room (b) Kitchen Pantry 3-Based on observation, this facility has not been maintained good repair. Findings on 10/23/2019: The following locations have ceilings that were damaged due to water migration from HVAC components in the attics:	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 164	Continued From page 4 (a) Room 42-Bathroom (b) Storage Closet next to Room 42 4-Based on observation, this facility has not maintained the flooring in good repair. Findings on 10/23/2019: The threshold is in disrepair that is located at the Bath across the hall from Room 8. 5-Based on observation, this facility has not maintained the flooring in good repair. Findings on 10/23/2019: The Kitchen return-air grilles have excessive grease build-up. 6-Based on observation, this facility has not maintained the flooring in good repair. Findings on 10/23/2019: The door is in disrepair for Room 3. 7-Based on observation, this facility has not maintained the flooring in good repair. Findings on 10/23/2019: The door hits the frame due to loose hinges and does not latch. 8-Based on observation, this facility has not maintained the flooring in good repair. Findings on 10/23/2019: The PTAC unit is not sealed and one can see daylight at the sides located in the Lounge.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 166	Continued From page 5 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, this facility has not been maintained in a safe manner by improperly storing oxygen cylinders that could potentionally expose staff and residents to a ruptured cylinder. Findings on 10/23/2019: There are oxygen bottles that are not secured in their current stored racks located at the following locations: (a) Room 5 (b) Room 48 (c) Room 67	C 166		
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.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 189	Continued From page 6 This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the building in a safe and operating condition. Findings on 10/23/2019: The Laundry Room door is wedged in the open position by devices that do not prevent the passage of fire and/or smoke. 2-Based on observation, this facility has failed to maintain the building in a safe and operating condition. Findings on 10/23/2019: Sprinkler escutcheons are missing at the following locations: (a) Storage Closet near Exit 4 (b) Exit 4 (c) Kitchen Pantry 2-Based on observation, this facility has failed to maintain the plumbing fixtures in a safe and operating condition. Findings on 10/23/2019: The toilet is secured to the floor that is located in Room 37. 3-Based on observation, this facility has failed to maintain the plumbing fixtures in a safe and operating condition. Findings on 10/23/2019: The sink is disconnected in the Soiled Utility Room/SCU. 4-Based on observation, the fire safety equipment shall be maintained in a safe and operating condition.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 189	Continued From page 7 Findings on 10/23/2019: The emergency light units at the Main Office did not illuminate when tested.	C 189		
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-Based on observation, the mechanical exhaust system has not been maintained in a safe and operating condition. Findings on 10/23/2019: The mechanical exhaust system is not operational located at the following rooms: (a) Room 32 (b) Kitchen Mop Sink Closet	C 199		