NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 23, 2019
Anthony McKiver (via e-mail only)
1124 Cedar Creek Road
Fayetteville, NC 28301

RE: Cumberland Village Assisted Living - HA Biennial Survey
1124 Cedar Creek Road
Fayetteville Cumberland County
FID #920670 Hal026062

Dear Mr. McKiver:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 17, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by November 7, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 7, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 7, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Cumberland County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026062	A. BUILDING: 01 B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

(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 Biennial Construction Survey by Suzanna Fay and Frank Strickland on October 17, 2019. Records indicate this facility was Licensed on November 11, 1984. The facility is currently licensed for 163 beds. Therefore, this facility is required to meet the 1984 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1978 (Revision 5) North Carolina State Building Code, Group I, Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000		
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: 1. Review of records revealed that the facility did not maintain all current sanitation and building safety inspection reports for review. Findings on October 17, 2019: a. A copy of the current kitchen sanitation inspection report was not available for review. b. A copy of the current fire alarm inspection report was not available for review.	C 111 A B	Kitchen report was giving at day of survey A copy of the most current reports is attached to this survey	10/23/19 11/7/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Mitchell Moran — Maintenance Director — 11/7/19

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C 133	Continued From page 1	C 133		
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 the facility did not provide hand grips at all commodes used by or accessible to residents. Findings on October 17, 2019: a. G Hall, Room 34 - there was not a hand grip at the toilet.	C 133 A	A grab bar will be add to bathroom off room 34	11/22/19
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: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on October 17, 2019: a. Exterior Water Heater Room - the door is damaged around the door handle.	C 160 A	Door will be repaired and adjusted to close and latch	11/22/19

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C 160	Continued From page 2	C 160		
	b. The bushes around the Water Heater Room are overgrown and unsightly.	B	Bushes will be cut at door to hot water heater and will be keep cut back	11/22/19
	c. There is a section of rotted and damaged fascia trim and soffit at the corner outside of Room 59. d. A section of the soffit material is loose and separating over the patio outside of Room 59. e. There is a heavily damaged section of fascia trim and soffit outside of Room 29 leaving a large opening in the exterior of the facility for pests to enter.	C-E	Rotted and damaged fascia trim will be repaired/ replaced outside of rooms 59 & 29	12/25/19
	f. A section of sidewalk in the Courtyard at the E Hall exit has buckled creating a trip hazard.	F	Sidewalk will be repaired so it will ne be a trip hazard	11/22/19
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 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept clean and in good repair.	C 164		
	Findings on October 17, 2019: a. The carpets throughout the facility are worn, stained and separating at the seams.	A	Will replace carpet throughout facility we have contracted a Flooring company to install new flooring	12/25/19
	b. A Hall Room 6 - the transition strip at the threshold is missing and the carpet is fraying. c. A Hall Room 7 - the transition strip at the threshold is missing and the carpet is fraying.	B&C	Transition strips will be replaced at rooms 6&7	11/22/19

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C 164	Continued From page 3 d. B Hall Residential Laundry - the floor behind the dryer has an excessive amount of lint. e. E Hall - Spa across from the living area - one of the ceramic base tiles is missing at the toilet wall. f. E Hall, Room 53 - the wall base is coming off the wall at the PTAC unit. g. E Hall, Room 59 - the carpet is unraveling at the threshold. h. F Hall Living Room - the carpet is unraveling at the threshold. i. G Hall Room 80 Bath - the concrete has settled creating a uneven floor. The VCT is cracking along the divets in the floor. 2. Observations revealed that the facility was not maintained in a clean condition and free of unpleasant odors. Findings on October 17, 2019: a. Room 32 has a strong, unpleasant odor. b. E Hall Room 47 has a strong, unpleasant odor. c. G Hall Living Room - there is an unplugged, full size refrigerator in the middle of the floor and the room has a unpleasant odor. d. C Hall Spa - four live insects were observed crawling on the walls and floors. 3. Observations revealed that the furnishings were not kept in good repair. Findings on October 17, 2019: a. A Hall - the handrail outside of Oxygen Storage had a section of rail that had splintered off and the edges were a little rough. b. B Hall - the corridor doors along this hall are heavily gouged and damaged from wheelchair use. c. C Hall - Room 28 - the left closet door knob	C 164 D E F G&H I A&B C D A B	Cleaned out behind the dryer and put on housekeeping schedule to check monthly will replace ceramic base tile Base was glued back on Transition strips will be replaced at room 59 and living room threshold Concrete will be repaired and replace cracked VCT Room will been clean to get odor removed Refrigerator was removed & Living room was cleaned and disinfected and has no odor now Schedule for pest control to come out and spry Will repair or replace section of hand rail outside of Oxygen room Door's will be repaired on B hall from wheelchair damage	10/25/19 12/25/19 11/5/19 11/22/19 12/25/19 11/29/19 10/25/19 11/29/19 12/25/19 12/25/19

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C 164	Continued From page 4 was heavily damaged and missing parts. d. C Hall - Room 28 - the towel bar is damaged. e. E Hall, Room 48 - there is a large damaged section on the bathroom door. f. E Hall Spa across from the Library - the corridor door knob is loose. g. F Hall Shower Room - the sink cabinet is heavily damaged. The side has heavy water damage and the material is soft and rotting. The interior of the cabinet has caved in and the faucet is rusting. h. F Hall Shower Room by Room 62 - the toilet grab bar is not secure to the wall and it is pulling the finish off of the wall. 4. Observations revealed that the ceilings were not kept clean and in good repair. Findings on October 17, 2019: a. B Hall Residential Laundry - there is a large brown water stain on the ceiling at the back wall. The finish is bubbled, cracked and flaking off. b. B Hall Residential Laundry - the exhaust fan has an excessive amount of lint and dust. c. Room 19 - the bathroom ceiling finish is failing. d. Room 21 - the bathroom ceiling finish is failing. e. E Hall, Room 53 - there is a 24" square patch of damaged ceiling by the closets. The area has a large gray water stain and a section of the sheetrock is falling. The finish is flaking and peeling. f. G Hall, Room 78 - the ceiling along the window wall has large yellow water stains. The stains are pock marked with black mildew spots. There is also a large yellow stain with mildew spots in the center of the room. g. G Hall, Room 83 - there are large yellow water stains with mildew spots on the ceiling over the	C 164 C D E F G H A B C&D E-G	will replace door knob 11/22/19 Will replace towel bar 11/22/19 Room 48 bathroom door will be replaced 12/25/19 Door knob will have to be replaced will get new knob 11/22/19 Sink Cabinet and faucet will be replaced 12/25/19 supports will be add to wall to secure grab bar to wall and wall will be repaired 11/22/19 Painter will be going in to repair ceiling and roofer has been call to check roof 12/25/19 Fan has been cleaned and put on monthly schedule to be cleaned 10/28/19 Room 19 & 21 shares bathroom Painter will repair and repaint 12/25/19 Painter will be going in to repair ceiling's in rooms 53,78 and 83 roofer has been call to come out and check roof 12/25/19	

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C 164	Continued From page 5 door. h. G Hall, Room 84 - there are large yellow water stains on the ceiling. 5. Observations revealed that the walls were not kept in good repair. Findings on October 17, 2019: a. E Hall Shower Room - the wall beside the toilet was damaged from moisture. The finish is bubbled and flaking. b. E Hall Exit to Courtyard - the bottom of the door frame has rusted and the metal is bent leaving an unsafe condition for the residents.	C 164	Painter will be going in to repair ceiling in room 84 roofer has been call to come out and check roof	12/25/19
		A	Painter will be going in to repair wall in shower room	12/25/19
		B	Door frame will be repaired	11/22/19
C 166	Housekeeping-Maintained Free of Hazards 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. Observations revealed that the facility was not maintained free of hazards. Findings on October 17, 2019: a. The carpet along Halls A and D was heavily frayed at the seams. The carpet was not secure in several locations creating a trip hazard along this main corridor. 2. Based on observation the facility was not	C 166		
		A	Will replace carpet throughout facility we have contracted a Flooring company to install new flooring	12/25/19

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C 166	Continued From page 6 maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on October 17, 2019: a. Oxygen Room - there was one oxygen bottle unsecured on the floor and five small bottles in a 12 bin plastic rack that did not appear to be secure. b. E Hall, Room 38 - there were two unsecured oxygen bottles on the floor of the room. 3. Observations revealed that the outside exits were not maintained to be easily operable. Findings on October 17, 2019: a. Dining - a rubber mat was on the walk just outside the dining room exit to the courtyard. The mat prohibited the door from opening more than 6".	C 166 A B A	Oxygen company is schedule to replace plastic racks with metal racks Oxygen bottles was put in racks in Oxygen room and staff was told to make sure oxygen bottles was put in racks in oxygen room Rubber mat was removed from dining room door so door will open	11/15/19 10/23/19 10/23/19
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide towel bars in the bedrooms or adjoining baths for each resident.	C 175		

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C 175	Continued From page 7 Findings on October 17, 2019: a. G Hall, Room 37 - there are no towel bars for the residents in either the bedroom or bathroom. b. B Hall, Room 20 - there are no towel bars for the residents in either the bedroom or bathroom.	C 175 A-B	Towel bars will be installed in rooms 37 & 20 bathrooms	11/22/19
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 facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on October 17, 2019: a. The right leaf on the cross corridor doors by Room 4 did not latch completely during the fire alarm test due to loose hardware. b. The right leaf on the cross corridor doors by Room 18 did not latch completely during the fire alarm test. 2. Based on observation there is a failure to	C 189 A-B	cross corridor doors at rooms 4 and 18 was adjusted so they would latch	11/5/19

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C 189	Continued From page 8 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. Findings on October 17, 2019: a. D Hall Maintenance - the exhaust fan cover is falling out of the ceiling and there is a void between the ceiling finish and the ductwork. b. B Hall, Room 20 - the screws are loose at the bathroom fan vent and the vent is detaching from the ceiling. c. Kitchen - there is a 1 1/2 inch diameter hole in the ceiling behind the hood where a pipe from the old suppression system was removed. d. Kitchen Pantry - the old suppression system was partially removed and there are holes in the ceiling where some of the pipes were removed. Parts of the old system were left in place. e. E Hall, Room 48 Bath - a screw is missing from the fan and it is hanging loose from the ceiling. f. E Hall (Room labeled 35D) - the exhaust fan is not secure to the ceiling leaving a hole in the rated ceiling assembly. g. G Hall Living Room - there is a small unsealed cable penetration in the ceiling behind the door. h. G Hall Activity Storage - there is a 2" hole in the ceiling over the back shelf. i. Corridor in Administrative Office Suite - the cable penetration over the phone needs to be sealed. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189	A Re-attached fan cover to ceiling B Room 20 fan vent screws was tightening and re-attached to ceiling C Hole was filled with fire sealant D Called All American Fire Protection they are the company that installed new system to come back to take old system out E put screw back in fan and it is now secure to ceiling F Re-attached fan to ceiling G Sealed with fire sealant H Hole was patched activity storage room I Sealed with fire sealant	A 11/5/19 B 11/5/19 C 11/5/19 D 12/25/19 E 11/5/19 F 11/5/19 G 11/5/19 H 11/5/19 I 11/5/19

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C 189	Continued From page 9 Findings on October 17, 2019: a. Break Room - the emergency light did not illuminate on battery test. b. E Hall - the right lamp on the emergency light (F3) near Room 59 is burned out. 4. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on October 17, 2019: a. Courtyard off of Laundry - the dryer cap and backflow preventor is missing on the far left dryer exhaust which will invite pests to enter the facility. b. Medicine Room - the housing for the A/C unit is not sealed leaving holes in the exterior wall. c. A Hall, Room 3 - the casing around the window A/C unit is damaged. d. E Hall, Room 39 - daylight can be seen through the framing around the A/C unit. e. E Hall, Room 47 - the cover for the radiator unit has fallen off. This was repaired at the time of survey. f. E Hall, complaint by Resident in Room 54 revealed that the heat was not working in their room and they were cold. Outside temperature at the time of survey was in the low 60's. g. E Hall, complaint by Resident in Room 55 revealed that the heat was not working in their room and they were cold. Outside temperature at the time of survey was in the low 60's. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on October 17, 2019: a. Exterior Water Heater Room - the control covers were off of both water heaters leaving wires exposed. The overflow tank is not securely	C 189	A Emergency light was replaced 11/7/19 B Replace bulb on emergency light 11/5/19 A Dryer cap was replaced 11/5/19 B will seal holes around A/C unit 11/22/19 C Casing will be replaced in room 3 a/c unit 11/7/19 D seal around A/C unit framing 11/22/19 E Room 47 cover we repaired day of 10/23/19 F&G Breakers was turn off and was turned back on 10/23/19 A Control covers was put back on 11/5/19	

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(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 10 fastened. b. A Hall, Room 5 - the sink faucet is rusted out. c. C Hall Spa - the sink is not secure to the wall and the wall finish is cracking where the sink is pulling away. d. C Hall Room 26 - the toilet is not secure to the floor. e. E Hall Shower Room - the toilet is not secure to the floor. f. F Hall Shower Room by 60 - the toilet is not secure to the floor. g. F Hall, Room 62 Bath - the toilet is not secure to the floor. 6. 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 October 17, 2019: a. Dining Room - the hinges on the right side door entering dining are loose requiring excessive force to operate the door. b. Kitchen - the bathroom door is out of adjustment and will not completely close eliminating privacy for the user. 7. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on October 17, 2019:	C 189 B C D-G A B	will replace faucet in room 5 Sink in c hall spa will be repaired so it is secure to wall and wall will be repaired The toilets in rooms 26,62 and E&F hall shower rooms was repaired and secure to the floor Hinges was repaired and door is s Bathroom door was adjustment and closes correctly	11/22/19 12/25/19 11/7/19 11/4/19 11/4/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026062	A. BUILDING: 01 B. WING _____	10/17/2019

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C 189	Continued From page 11 a. E Hall Living Room - a couch was moved in front of the door preventing the door from closing. This was corrected at the time of survey. 8. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on October 17, 2019: a. E Hall, Room 53 - the overhead outlet for the window A/C unit is damaged and missing a cover plate. The A/C unit was plugged into a multi-plug adaptor. A multi-plug adaptor was in use. b. G Hall, Room 80 - the wall mounted light over the first bed is missing the end cap and the lens is falling off of the fixture. c. G Hall, Room 83 - the call light is malfunctioning. The light is flashing and will not turn off. There are no residents in the room. 9. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire. Findings on October 17, 2019: a. G Hall Activity Storage - the heat detector is covered with painter's tape. b. G Hall, Room 87 - both the smoke detector and the heat detector are covered with painter's tape. The tape was removed from the heat detector at the time of survey. When the tape was removed, the end cap was damaged and will need to be replaced. 10. Based on observation the facility did not keep combustibles 24" below the ceiling to prevent the rapid spread of fire.	C 189	A Couch was moved at day of survey	10/23/19
		A	Outlet cover was replaced and multi-plug was removed	11/5/19
		B	will replace light in room 80 no one in room at this time	12/25/19
		C	will have alarm company to come out and work on call system no one in room at this time	12/25/19
		A	Tape was took off heat detector in Activity storage	11/5/19
		B	Alarm company is going to come out and replace heat detector	11/22/19

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C 189	Continued From page 12 Findings on October 17, 2019: a. G Hall Activity Storage - combustible items were stored to the ceiling in the closet.	C 189 A	Combustible items was removed from top shelf	10/25/19
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature was not maintained between 100 degrees Fahrenheit and 116 degrees Fahrenheit at all fixtures used by residents. Findings on October 17, 2019: a. C Hall Spa - the water temperature at the time of survey was 94 degrees Fahrenheit. b. E Hall Shower Room - the water temperature at the time of survey was 98 degrees Fahrenheit.	C 195 A-B	Have a plumber coming out to work on and add mixing valves	11/29/19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 13 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 working exhaust ventilation in required areas. Findings on October 17, 2019: a. D Hall, Room 34 - the exhaust fan in the bathroom is not working and there is an odor. b. D Hall, Room 33 - the exhaust fan in the bathroom is not working. c. B Hall Spa - the exhaust fan is not working. d. B Hall Spa by Room 13 - the exhaust fan is not working. e. B Hall Residential Laundry - the exhaust fan is not working. f. E Hall Shower Room - the exhaust fan is not working. g. F Hall Shower Room (by Room 60) - the exhaust fan is not working. h. G Hall Restroom - the exhaust fan is not working. i. G Hall Room 72 - the exhaust fan in the bathroom is not working. j. G Hall Room 74 - the exhaust fan in the	C 199 A-D E&F G-J	Exhaust fan was took down and took to shop for repair Exhaust fans was repaired Exhaust fan was took down and took to shop for repair	11/29/19 11/4/19 11/29/19

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C 199	Continued From page 14 bathroom is not working.	C 199		