STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 Construction Section Biennial Survey by Dennis Harrell on 11-6-2019. Records indicate this facility was first licensed on 10-11-1996. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 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; This Rule is not met as evidenced by: Based on observation and interview, 3 out of 3 staff were not aware of the location, the use or	C 101		

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C 101	Continued From page 1 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.	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 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, a pathway to an exit was not maintained free of obstructions. Findings on 11-6-2019: a. The pathway to one of the exits from the Activity room was blocked with chairs stored	C 150		

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C 150	Continued From page 2 against the wall and with a table and chairs. b. One of the exits from the Activity room was completely blocked with an easel. Note; These deficiencies were corrected during the survey.	C 150		
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. Based on observation, there was a dust pan on the sidewalk immediately outside one of the exits from the Activity room. The dust pan was a trip and fall hazard. Note; This deficiency was corrected during the survey. 2. Based on observation, 2 electrical outlet expanders were in use in the laundry. Electrical outlet expanders are not approved for use in Institutional Occupancies.	C 166		
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	C 185		

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C 185	Continued From page 3 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: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 11-6-2019: a. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 3rd quarter of this year, there were no rehearsals done. c. In the 4th quarter of last year, there were no rehearsals done. 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185		
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)	C 189		

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C 189	Continued From page 4 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, many 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 on 11-6-2019; a. The 3/4 hour fire rated door from the kitchen to the dining room dragged the floor and could not automatically close and latch. b. One of the smoke barrier doors was blocked with a trash can and could not close completely and latch when activated by the fire alarm system. Note; This deficiency was corrected during the survey. c. The door to room 5 was disabled from latching with tape on the strike. Note; This deficiency was corrected during the survey. d. The door to room 6 does not fit the opening properly to be resistant to the passage of smoke. e. The door to room 12 does not fit the opening properly to be resistant to the passage of smoke. f. The door to room 11 was blocked open with a wheelchair. Note; This deficiency was corrected during the survey. g. The door to room 12 was propped open. Note; This deficiency was corrected during the survey. h. The door to room 34 was blocked open. i. The door to room 41 will not latch when closed. j. The doors (2) to the Activity room will not latch when closed. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised	C 189		

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C 189	Continued From page 5 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. Findings on 11-6-2019: a. Two fire collars were not properly mounted to the ceiling of the water heater room, b. The return register was not properly mounted to the ceiling in the beauty salon. 3. Based on observation, the required Fire Department Connection (FDC) sign had fallen off on the ground and was not legible. Note; This deficiency was cited on the annual sprinkler inspections dated 9-18-2018, and 9-9-2019. 4. Based on observation, there was no documentation of the required in house/owner's monthly inspections since June provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 11-6-2019; a. Items had been stacked to within 4 inches of the ceiling in the Maintenance room. b. Items had been stacked to within 9 inches of the ceiling in Activity storage. c. Items had been stacked to within 5 inches of the ceiling in the med room. Note; This deficiency was corrected during the survey.	C 189		

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C 189	Continued From page 6 6. Based on observation, the electrical system was not maintained in a safe condition. Finding on 11-6-2019; A washing machine is plugged into a power tap in the main laundry. Power taps are not designed for high power loads such as washing machines. Using high power loads on power taps can overload building wiring and cause a fire hazard.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings on 11-6-2019: There was a portable electric heater found in use in the Business office.	C 191		