Croasdaile VILLAGE

06/21/2023

NCSR Construction Section
Attention: Ed Miller
2705 Mail Service Center
Raleigh, NC 27699-2711

Dear Mr. Miller:

Enclosed is the Plan of Correction (POC) for the May 16, 2023 Biennial survey conducted at the Assisted Living/Memory Care at Croasdaile Village, 2600 Croasdaile Farm Parkway, Durham NC 27705.

Please find enclosed a signed copy of the Plan of Correction (CMS-2567).

Should you have any questions or need any additional documentation, please do not hesitate to contact me at (919)-384-2803.

Sincerely,

Chris Williams
Director of Assisted Living

cc: Heather March, Executive Director
Rebecca Marion, Associate Executive Director
James Sanes, Plant Operations Director

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
	HAL032020	A. BUILDING: 01 B. WING _____	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 16, 2023. Records indicate this facility was first licensed on September 22, 1999, for 30 Beds. On May 15, 2020, an addition and renovations to the Magnolia Building and the addition of the Orchard Building were added to the License for a total of 64 Beds, including a six-teen (16) Special Care Beds. Based on the above information, 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 (1999 Revision) 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. Deficiencies were cited that require a Plan of Correction.	C 000	Croasdaile Village acknowledges receipt of the statement of deficiencies and purpose this Plan of Correction to the extent of the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of safety of residents. The Plan of Correction is submitted as a written allegation of compliance. Preparation and submission of this Plan of Correction is in response to CMS 2567 from May 16, 2023. Croasdaile Village's response to this statement of deficiency and plan of correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Croasdaile Village reserves the right to refute any deficiency on this statement of deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative legal procedures.	
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	C101A 1.) Laundry S226 was removed from service on 06/21/2023 due to improper building code. Laundry will be relocated on 06.23.23 2) Reviewed all Laundry Room in Assisted Living. S126, S226, D161 were removed from service. 3) No other rooms apply. Completed. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	06.21.2023 06.21.2023

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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. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations for Incidental use rooms or areas by not having all the required fire-resistance-rated construction required by NC State Building Code. This could affect all occupants who need time to evacuate the building. Findings on May 16, 2023: a. 2nd FL, Resident Laundry S226 - this greater than 100 square feet Laundry room, does not have 45-minute fire-rated doors that are self-closing or automatically closes on fire alarm activation. b. 2nd FL, Housekeeping S227 - this waste and linen collection room, does not have 45-minute fire-rated doors that are self-closing or automatically closes on fire alarm activation. c. Magnolia Bldg., Laundry D161 - this greater than 100 square feet Laundry room, does not have 45-minute fire-rated doors that are self-closing or automatically closes on fire alarm activation. 2. Based on observation, the fire sprinkler system failed to meet the Code requirements in effect at the time of construction or alterations by not having all required areas protected with sprinklers. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room of origin. Findings on May 16, 2023: a. Magnolia Bldg., Office Hall Side Closet D160 - there was no automatic fire sprinkler protection	C 101	C101B 1) Fire sprinkler is present but is hidden. Plant Operations Director will uncover fire sprinklers to allow for full sprinkler protection. 2) This room was the only resident room converted to an office. No other rooms at risk. 3) No other rooms apply. Completed. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. C111 1) All reports were sent to the State Inspector on 05/19/2023. 2) Reports are kept current on Computer Drive and available upon request. 3) Administrator and Plant Operations Director will submit reports through QAPI monthly as needed by inspection report receipt. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	06.21.2023 06.21.2023

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C 101	Continued From page 2 in this room.	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: 1. Based on record review, the facility failed to maintain in the facility, current (completed within the last twelve months) fire and building safety inspection reports available for review. Findings on May 16, 2023: a. The most current Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report was dated April 7, 2022, for Magnolia and Orchard buildings.	C 111	on previous page	
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. Based on Observation, the facility failed to	C 164	C164 1) Water was ran through drain in SS210/110 and sealant added to address issue. 2) All drains were inspected and no odors present. 3) Worx Hub Preventative Maintenance Order placed for monthly checks for three months and on a recurring basis. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	05.16.2023 06.09.2023 06.21.2023

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C 164	Continued From page 3 prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on May 16, 2023: a. 2nd FL, Mech Room SS210 - it appears that the floor drain's water seal in the P-trap has evaporated. Without a water seal, sewer gases from the plumbing system will travel into the building.	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: 1. Based on Record review, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 16, 2023: Magnolia Building a. In the 1st quarter during the last 12 months, no rehearsals occurred during the 1st and 3rd shifts. b. In the 2nd quarter during the last 12 months, no rehearsals occurred during the 2nd and 3rd	C 185	C185 1) QAPI committee voted to pause frequent fire drills and resident movement due to COVID. Met with Security to reinstate monthly fire drills per shift. 06.15.2023. 2) Restart Fire Drill drills and walkthrough reports for all licensed buildings. 3) Fire Drill report will be submitted to QAPI monthly and audited for compliance quarterly x 1 year. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	06.15.2023 06.20.2023

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C 185	Continued From page 4 shifts. c. In the 3rd quarter during the last 12 months, no rehearsals occurred during the 1st, 2nd and 3rd shifts. d. In the 4th quarter during the last 12 months, no rehearsals occurred during the 1st, 2nd and 3rd shifts. Orchard Building e. In the 1st quarter during the last 12 months, no rehearsals occurred during the 1st and 3rd shifts. f. In the 3rd quarter during the last 12 months, no rehearsals occurred during the 1st, 2nd and 3rd shifts. g. In the 4th quarter during the last 12 months, no rehearsals occurred during the 1st, 2nd and 3rd shifts.	C 185	C189A 1) Replaced Battery Back up in Fire Shutters on 05.26.2023. Chair was removed on 05.16.23 in presence of surveyor. 2) There is only one fire shutter. No other areas affected. 3) Worx Hub Preventative Maintenance Order placed for Battery Check on a quarterly basis times 1 year. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	05.26.2023
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, the building is not maintained in a safe and operating condition, because the automatic roll down fire doors were blocked from completely closing. Findings on May 16, 2023: a. 2nd FL, Sitting Area overlooking the 1st FL	C 189	C189B 1) Exit sign was corrected on 06.09.2023 2) A round of the buildings were completed and one additional exit sign was identified. This was corrected on 06.09.23. 3) WorxHub Preventative Maintenance Order was placed for monthly checks x 3 months and monthly thereafter. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	

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C 189	Continued From page 5 Lobby - when the fire alarm activated, the automatic roll down fire doors, that provides the separation between the floors, did not close completely to prevent the spread of fire and smoke. b. 2nd FL, Siting Area overlooking the 1st FL, Lobby - a chair was positioned in the travel path of the automatic roll down fire door. This prevents the door from closing to contain any fire and/or smoke from spreading to the second floor. Facility Staff corrected the deficiency before the Construction Surveyor left the site. 2. Based on observation, the building's emergency equipment is not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 16, 2023: a. 2nd FL, Corridor near Stair S2 - the exit sign did not illuminate on backup power when tested. b. Magnolia Bldg., Corridor near Bedroom 52 - the exit sign did not illuminate on backup power when tested. 3. Based on observation, the building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on May 16, 2023: a. 1st FL, Smoke Barrier near Stair 2 - the right leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. 4. Based on observations, the building fire safety is not maintained in a safe and operating	C 189	C189C 1) 1st Fl, right double door, latch was corrected on 05.16.2023 2) Four other doors were checked and no issues identified. 06.09.2023 3) Worx Hub Preventative Maintenance Order was placed for checking monthly x three months and monthly after that. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. C189D- Fire Caulking (a,b,c, e, f, g, h, i, j, k) 1) All penetrations were fire stopped on 05.16.2023. 2) Rounds for entire building were completed on 06.09.23, no additional penetrations required fire caulking. 3) Education for maintenance and administration team provided to report any viewed unsealed penetrations. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. **Per 2567, pg 7 of 12, Laundry Room S126 and Housekeeping S127 does not have any conduit. Wrong rooms reported here, however, all others were corrected.**	

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C 189	Continued From page 6 condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on May 16, 2023: a. 2nd FL, Storage SS204 - this greater than 100 square feet Storage room, has a hole not firestopped around a pipe as it penetrates the fire-resistance-rated wall assembly and has a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. b. 2nd FL, Storage SS204 - there were two open-ended sleeves with cable bundles not firestopped as they penetrate the fire-resistance-rated floor/ceiling assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. c. 2nd FL, Mech/Elec Room SS210 - there is a conduit with a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. d. 2nd FL, Corridor near Stair 1 - there was a gap between the ceiling and the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. 1st FL, Med Room S138 - there are several holes with gypsum patches not sealed with joint compound in the smoke-partition. Facility Staff corrected the deficiency before the Construction Surveyor left the site. f. 1st FL, Laundry Room S126 - there is a conduit with a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. g. 1st FL, Housekeeping S127 - there is a conduit with a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency	C 189	C189D- Exit Sign Gap (e) 1) Gap Exit Sign was completed and fire caulked on 05.16.23 during survey on site. 2) No other gaps noted upon review on 06.09.2023. 3) WorxHub Preventative Maintenance Order was placed for monthly checks x 3 months and monthly thereafter. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. C189E- Kitchen Inspections 1) Hood inspection was completed for 06.14.2023. We were in compliance at the time of survey. Card was replaced on hood. Cart was removed on 05.16.2023. 2) All hoods were inspected and cards updated on 06.14.2022. 3) Education provided to dining team on maintaining integrity of pull station and cart storage. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits.	06.14.2023 06.21.2023

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C 189	Continued From page 7 before the Construction Surveyor left the site. h. Magnolia Bldg., D144 - there is a hole around a pipe not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. i. Magnolia Bldg., D145 Telecom/Data - there is a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. j. Magnolia Bldg., Mech Room - there were two conduits with cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. k. Magnolia Bldg., TV Room AV Closet - there is a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. Facility Staff corrected the deficiency before the Construction Surveyor left the site. 5. Based on observation, the building is not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on May 16, 2023: a. 1st FL, Big Kitchen - the documentation of the monthly inspections, of the commercial kitchen hood fire suppression system, by in-house staff or owner, stopped after the six-month maintenance was performed in December 2022. b. 1st FL, Kitchen Serving Area - the commercial kitchen hood fire suppression system's manual actuator (pull station) was	C 189	C189E- Door gaps 1) Door astragal placed on 06.20.23 for noted area. 2) All doors were surveyed and astragals placed for all doors affected. 06.20.2023 3) No other doors apply. Completed. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. C189F- Outlets for Beauty Salon 1) Installed GFCI outlets at identified area in Beauty Shop on 06.09.2023 2) No other outlets needed to be replaced in this area. 3) No other audits apply. Completed. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved	

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C 189	Continued From page 8 obstructed with a tall cart. Facility Staff corrected the deficiency before the Construction Surveyor left the site. c. Magnolia Bldg., Kitchen - per the attached maintenance tag, the commercial kitchen hood fire suppression systems last semi-annual maintenance was performed in March 2021. This exceeds the requirement to have this fire suppression system inspected and tested at least semi-annually. In addition, there has been no documentation of the monthly in-house or owner inspections since that time. d. Magnolia Bldg., Bistro - per the attached maintenance tag, the commercial kitchen hood's fire suppression system last semi-annual maintenance was performed in December 2020. This exceeds the requirement to have this fire suppression system inspected and tested at least semi-annually. In addition, there has been no documentation of the monthly in-house staff or owner inspections since that time. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 16, 2023: a. Magnolia Bldg., Parlor D1400 - the corridor door has a gap between the top of the door and the bottom of the frame's header stop. No gap is allowed. b. Magnolia Bldg., Back Door to Bistro - this corridor door's strike plate hole was filled with paper towels. This prevents the door latch from latching into the strike plate. c. Magnolia Bldg., The Nook - the pair of doors to the corridor are not smoke tight. The gap between the meeting stiles is 1/4-inch. This is twice the allowable gap of 1/8-inch. d. Magnolia Bldg., TV Room - the pair of doors to the corridor are not smoke tight. The gap	C 189	C189G- Fire Sprinkler Plates 1) Fire Sprinkler escutcheon plates were replaced with surveyor present 05.16.2023. 2) All others were reviewed and no others were identified. 3) Will be checked through sprinkler inspections quarterly and annually. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved. C189H- Door openings 1) Wedge holding the door open was removed in front of surveyor. 2) No other doors identified as being open. 3) Education provided to employee affected on 05.16.2023. Education provided in monthly meeting with supervisors on 06.22.2023. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance	06.21.2023

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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 9 between the meeting stiles is 1/4-inch. This is twice the allowable gap of 1/8-inch. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 16, 2023: a. Magnolia Bldg., Beauty Shop - an electrical power receptacle is within six feet of the sink, and the receptacle is not ground fault protected. 8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room or compartment of origin. Findings on May 16, 2023: a. 2nd FL, Rest Room near Dining - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. Facility Staff corrected the deficiency before the Construction Surveyor left the site. b. Magnolia Bldg., Resident Storage - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. Facility Staff corrected the deficiency before the Construction Surveyor left the site. 9. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on May 16, 2023:	C 189	Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved	

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
	HAL032020	A. BUILDING: 01 B. WING _____	05/16/2023

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C 189	Continued From page 10 a. 2nd FL, Storage S249 - the corridor door has a wedge holding the door open.	C 189		
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. Based on Observation, the Facility's hot water, at fixtures used by residents, was not maintained in the operating temperature range of 100 degrees Fahrenheit to 116 degrees Fahrenheit. Findings on May 16, 2023: a. Magnolia Bldg., Restroom D117 - the sink's hot water temperature reached 90 degrees Fahrenheit, after running the hot water for more than 5 minutes. Facility Staff corrected the deficiency before the Construction Surveyor left the site.	C 195	C195- Hot Water 1) Hot water mixing valve was adjusted on 05.16.2023 and desired temperature obtained. 2) Durham County Health Department checked multiple rooms on 05.18.2023 and all were in compliance of 100-116. 3) Worx Hub Preventative Maintenance Order in place to check water temps daily. Will remove mixing valve to stabilize temperature. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: 01 B. WING _____	05/16/2023

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C 199	Continued From page 11 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 and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required spaces. Findings on May 16, 2023: a. 2nd FL, Spa SS216 - the exhaust ventilation system is not working. b. Magnolia Bldg., Housekeeping - the exhaust ventilation system is not working. c. Magnolia Bldg., Restroom D117- the exhaust ventilation system is not working. 2. Based on Observation the facility failed to provide mechanical ventilation for required spaces. Findings on May 16, 2023: a. 1st FL, Spa - there was no ventilation system in this room.	C 199	C199- Exhaust Fans 1) Vendor arrived and repaired ventilation MAU for all identified areas on 06.21.2023. 2) No other areas identified as out of compliance. 3) WorxHub Preventative Maintenance Order to be placed to check exhaust fan monthly x three months. 4) Quality Assurance and performance Improvement Committee will review the audit results and follow up on any action plans during the Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. Quality Assurance and performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved.	