STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060163	A. BUILDING: **01** B. WING _____	R **08/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN THE VILLAGE AT CAROLINA P	**13150 DORMAN ROAD PINEVILLE, NC 28134**

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{C 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Ed Miller and Tod Hancock conducted on August 2, 2023. Deficiencies were cited that require a new 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 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: 2. Observations revealed that the facility does not meet code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Under Special Locking Arrangements, an emergency release switch shall be located within 3 feet of each locked door which does not depend on relays or other devices to cause the interruption of power.	{C 101}		

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{C 101}	Continued From page 1 Findings on August 2, 2023: a. Main door from SCU - there is a pad with a switch plate that requires a special tool to operate the release of the door. The plate was covered by a framed message sign. Interview with staff revealed that they were not aware the door had an override switch. The switch box was revealed when the signage was removed. Only one of the maintenance staff had the tool required to release the switch. The tool did not operate this door.	{C 101}		
{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 is a Special Care Unit and all of the exits accessible by residents were not equipped with a sounding device that is activated when the door is opened. Findings on August 2, 2023: a. Wilmington Courtyard - the screamer box for	{C 154}		

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{C 154}	Continued From page 2 the gate did not alarm when lifted.	{C 154}		
{C 155}	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that one of the resident bathrooms had throw rugs in use. Findings on August 2, 2023: a. Room 416 Bath - there were two worn rugs on the floor without any backing to prevent them from sliding. Facility Staff corrected the deficiency before the Construction Surveyors left the site.	{C 155}		
{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.	{C 185}		

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{C 185}	Continued From page 3 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have records of the quarterly fire rehearsal log available for review. Findings on August 2, 2023: a. Maintenance staff had just started working at the facility and did not have a record of the fire rehearsal logs available for review at the time of survey.	{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) 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 could allow fire and smoke to spread beyond the area of origin. Findings on August 2, 2023: a. Conference Room Right - the escutcheon ring on the sprinkler head has dropped leaving a gap	{C 189}		

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{C 189}	Continued From page 4 in the fire-resistant-rated ceiling. b. Conference Room Left - one of the sprinkler heads is missing its escutcheon plate leaving a hole in the fire-resistant-rated ceiling. e. Corridor to SCU - there is a 6x12 hole cut into the ceiling for repairs. i. Wilmington - the escutcheon ring on the sprinkler head outside of Room 414 is falling out of the ceiling. j. Wilmington - the escutcheon ring outside of the living room has dropped. k. Wilmington - there is a large hole at the base of the exit sign by Room 410. l. Wilmington - the escutcheon ring on the porch sprinkler head is missing. n. Wilmington, porch by 407 - the escutcheon ring is missing from the sprinkler head. o. Charlotte, Room 313 Bath - the sprinkler head has dropped leaving a hole in the fire-resistant-rated ceiling. p. Nurses' Station - the sprinkler head is missing its escutcheon ring. q. Asheville - both sprinkler heads on the screened porch are missing escutcheon rings. r. Staff Lounge - the sleeve for the data cables is open and has not been caulked. s. Asheville, Housekeeping - the escutcheon ring is missing on the sprinkler head. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on August 2, 2023: a. Community Room - the exit sign over the courtyard door is not illuminated. b. The exit sign near the SCU entrance, left, did	{C 189}		

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{C 189}	Continued From page 5 not illuminate on test. 4. 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 affect occupants of the facility if the equipment did not function in its intended capacity. Findings on August 2, 2023: a. Kitchen - a piece of equipment was installed behind the stove pushing the unit out so that the nozzles on the hood suppression system are pointing at the shelf above the stove and not at the cooking surfaces. 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 affect occupants of the facility if the equipment did not operate to suppress a fire. Findings on August 2, 2023: a. Charlotte porch to Courtyard - the sprinkler head under the porch burst and has not been replaced at this time. The line is currently capped and tagged for repair.	{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	{C 199}		

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{C 199}	Continued From page 6 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 maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on August 2, 2023: a. Guest Toilets - the exhaust fans are not working. b. Kitchen Housekeeping - the exhaust fan is not working. c. Wilmington, Room 407 - the exhaust fan is not working.	{C 199}		