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 _____	**08/17/2023**

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 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 17, 2023. This facility was licensed for licensure on August 1, 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 required.	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;	C 101		

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 _____	**08/17/2023**

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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on August 17, 2023: a. The emergency release switch in the SCU did not release the two exit doors to the courtyard. b. Neither of the master emergency release switches in the SCU and in the AL Med Room were labeled. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on August 17, 2023: a. Laundry - the exterior door is a delayed egress door and there is no signage indicating it as such. 3. Observations revealed that the facility does not meet licensure and code requirements in	C 101		

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 _____	**08/17/2023**

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 101	Continued From page 2 effect at the time of construction, change in service or bed count, addition, renovation or alteration. Facilities equipped with either delayed egress locks or special locking shall be protected throughout by an automatic sprinkler system or approved smoke or heat detection which includes closets. Findings on August 17, 2023: a. The bedroom closets on the AL side up to the fire barrier walls are not protected by an automatic fire detection device.	C 101		
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: 1. Observations revealed that the corridors were not free of all obstructions. Exits should remain clear and easily accessible during a fire or other emergency. Findings on August 17, 2023: a. The exit door by the Activity Room required excessive force to open. b. The exit on the short hall by the Activity Director's Office required excessive force to open.	C 150		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 155		

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 _____	**08/17/2023**

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 155	Continued From page 3 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 the floors were not smooth and in good repair. Buckling or uneven floors create a trip hazard. Findings on August 17, 2023: a. The corridor floor outside of the Activity Room has some raised areas creating a trip hazard. b. Lounge across from Activity - the threshold is loose creating a trip hazard.	C 155		
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a minimum of one residental type washer and dryer provided. Findings on August 17, 2023: a. The Residential Laundry equipment was removed and the room was converted to storage.	C 159		

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 _____	**08/17/2023**

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	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 safe condition. SCU should have a secure outdoor area to prevent elopement. Findings on August 17, 2023: a. The first gate was not secured and opened without a code or switch release.	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 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furniture is not in good repair. Findings on August 18, 2023:	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 _____	**08/17/2023**

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 5 a. Front Porch - the arm is broken on one of the rocking chairs. 2. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on August 18, 2023: a. Kitchen - there are a number of the ceramic floor tiles that are cracked or broken around the dishwashing area. b. Kitchen Restroom - the hinges are loose and the door has to be lifted to close. c. Room 6 - the room has an excessive amount of bags, boxes, seasonal decorations and trash in the floor of the bedroom and bathroom limiting egress and creating a fire hazard. d. RCC Office - moisture is getting into the exterior wall. There are yellow water stains around the CMU blocks and there is a black mildew substance on the face of the block. e. RCC Office - there is a 6" diameter dark gray spot on the ceiling in front of the window and there is a 12" diameter light gray stain beside it with a yellow water stain in the center. f. RCC Office - there are small black dots in the rear corner that begin at the crown molding and travel down the face of the wall about 20". The dots appear to be fecal stains from bed bugs or another type of pest. g. Room 63 Shared Bath - the finish on the wall by the sink is damaged and pieces of the finish are falling off. h. Room 63 Shared Bath - the popcorn ceiling finish in the shower is beginning to flake and peel. i. SCU Women's Bath - the popcorn finish is torn and peeling over the shower. j. SCU Women's Bath - there was a pair of soiled brown sweat pants laying across the tub. 3. Observations revealed that the facility was not	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 _____	**08/17/2023**

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 6 free of chronic unpleasant odors. Findings on August 17, 2023: a. SCU - there was an unpleasant odor upon entering the SCU. When the surveyor entered the Men's Bath, the odor was very strong and the surveyor observed soiled adult diapers in an open container.	C 164		
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 free of all obstructions and hazards. Locking devices on the exterior doors of shared bathrooms create a potential hazard of trapping an occupant in the bathroom. Findings on August 17, 2023: a. Room 63 Bath - there were hook and eye locks on the exterior of both doors of the shared bath. One of the locks was removed at the time of survey.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

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 _____	**08/17/2023**

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 185	Continued From page 7 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. Review of records revealed that the quarterly fire rehearsals did not include a short description of what the rehearsal involved. Findings on August 17, 2023: a. The rehearsals did not include a short description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation not all electrical outlets in wet locations at sinks, bathrooms and outside of building have function ground fault interrupters. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.	C 188		

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 _____	**08/17/2023**

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 188	Continued From page 8 Findings on August 17, 2023: a. Room 20 Bath - the GFCI outlet at the sink is not working. b. Room 32 Bath - the GFCI outlet at the sink is not tripping. c. Janitor's Closet by Room 37 - the outlet is not functioning.	C 188		
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 facility's fire safety equipment is not maintained in operating condition. Failure to maintain the sprinkler system in operating condition could effect occupants of the facility if the equipment failed to engage to suppress a fire. Findings on August 17, 2023: a. Due to a sprinkler pipe breaking in the Kitchen, the sprinkler system has currently been turned off to make repairs. The facility is currently on a Fire Watch. 2. Based on observation the facility did not maintain electrical emergency/safety lighting	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 _____	**08/17/2023**

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 9 equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on August 17, 2023: a. The exit sign over the front door did not illuminate on test. 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. Findings on August 17, 2023: a. Laundry Room - the emergency light did not illuminate on test. 4. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on August 17, 2023: a. Storage across from Room 19 - there is one unsealed conduit penetration. b. Kitchen - a sprinkler pipe burst and there is a temporary patch in place until the system can be repaired. The patch does not meet the requirements of the fire resistant rated assembly required. c. Exterior Mechanical outside of Kitchen - there is an hole cut in the side wall for a conduit to run. d. Med Room - the escutcheon plate on the sprinkler head by the overhead cabinets has dropped leaving a gap in the fire resistant rated ceiling.	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 _____	**08/17/2023**

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 10 e. Courtyard Mechanical - there are cracks and holes in the fire resistant rated ceiling and the ceiling has been improperly patched using 1x4's. f. Canteen - one of the ceiling vents is bent leaving gaps on either side in the fire resistant rated ceiling. g. Room 63 - there is an unsealed cable penetration where the nurse call was installed. There is a pattern of unsealed nurse call penetrations where new calls were installed. h. Laundry - the interior door is heavily damaged at the door hardware, compromising the integrity of the door rating. i. Room 51 Bath - there is a large, 6" hole in the ceiling caused by a leak and a section of the ceiling material is hanging loosely from the ceiling. 5. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on August 17, 2023: a. Exterior Mechanical outside of Kitchen - the fire extinguisher did not get serviced during the most recent inspection. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on August 17, 2023: a. Spa across from Room 7 - there is a 3/4" gap at the top of the door between the door and the	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 _____	**08/17/2023**

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 11 door frame stop. 7. 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 August 17, 2023: a. Room 2 - the door does not latch when closed. b. Room 22 - the door drags on the frame requiring excessive force to close. c. Room 42 - the door is rubbing on the frame requiring excessive force to close and is pulling the veneer off of the door. d. Room 46 - the door is hitting the frame and requires excessive force to open. e. Room 54 - the door is rubbing on the frame and pulling the veneer off. 8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on August 17, 2023: a. Kitchen Storage - there were several boxes stored within 18" of the ceiling. b. Clean Linen by Office - the bedspreads were stacked to within 18" of the ceiling. 9. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility.	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 _____	**08/17/2023**

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 12 Findings on August 17, 2023: a. Room 20 Bath - the toilet is not secure to the floor. 10. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Doors equipped with sounding devices that do not alarm allow for the possibility of a resident exiting the facility without alerting staff. Findings on August 17, 2023: a. SCU - the screamer box for the courtyard gate near the Dining area did not alarm when opened. b. SCU - the screamer box for the exit near Dining did not alarm when opened. 11. Based on observation the electrical equipment has not been maintained in a safe manner. Cover plates that are open or exposed in wet areas allow for water to enter the wall and may damage the components. Findings on August 17, 2023: a. SCU Men's Bath - the electrical cover plate does not cover the opening for the electrical box. 12. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on August 17, 2023: a. Room 54 - the cover plate for the TV cable has fallen off. 13. Based on observation there is a failure to maintain the buildings's fire safety components in	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 _____	**08/17/2023**

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 13 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 August 17, 2023: a. SCU Living Room - there was an armchair in front of the door preventing it from closing quickly. The chair was moved at the time of survey.	C 189		