

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MOCKSVILLE SENIOR LIVING & MEMORY CARE

**337 HOSPITAL STREET
MOCKSVILLE, NC 27028**

(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 Tod Hancock, conducted on November 7, 2023. Records indicate that this facility was originally licensed on July 1, 1966. The 400 Hall was added in 1997. The facility was fully sprinkled at that time. Based on this information we are requiring the older portions of the building to meet the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1958 NC State Building Code. The 400 Hall must meet the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1996 NC State Building Code. Deficiencies were cited that require a Plan of Correction	C 000	Responses to the cited deficiencies do not constitute admission or agreement by the facility of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance by the law.	
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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stephanie Norton

Executive Director

01/12/2024

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NAME OF PROVIDER OR SUPPLIER MOCKSVILLE SENIOR LIVING & MEMORY CAF		STREET ADDRESS, CITY, STATE, ZIP CODE 337 HOSPITAL STREET MOCKSVILLE, NC 27028		
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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door (s). Findings November 7, 2023: a. Hall 100-Nurse Station- Upon test, via the master override switch, the magnetic locks failed to disengage.	C 101	Scheduled to be repaired by 2/1/24	2/1/24
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 walls are not being maintained in good repair. Findings November 7, 2023: a. Hall 100- There is a hole in the wall below the override switch box.	C 164	Hole in the wall below the override switch box has been repaired.	11/16/23

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C 183	Continued From page 2	C 183		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation the buildings fire safety components are not being maintained in a safe and operable manner. Findings November 7, 2023: a. Hall 100- Room 102- The fire extinguisher enclosure requires a special tool to gain access.	C 183		
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 buildings plumbing system is not maintained in a safe manner. Findings November 7, 2023:	C 189	Fire extinguisher enclosures to be replaced/removed to allow access without special tool.	2/1/24

If continuation sheet 4 of 5

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C 199	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew. Findings November 7, 2023: a. Hall 400- Shower room- The exhaust fan is not working.	C 199	Shower room on 400 hall exhaust fan has been ordered and will be replaced upon arrival.	1/22/24