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	HAL001148	A. BUILDING: **01** B. WING _____	**11/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	**2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on November 21, 2023. Records indicate this facility was first licensed on October 29, 2014. The facility is currently licensed for 94 Beds including a 48 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, in effect at the time of initial licensure and applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a 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:	C 101		

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction, by not having all the working components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the doors. Findings on November 21, 2023: a. 300 Hall, Nurse Station - the central on/off emergency release switch for the "Special Locking System" did not release the exit doors.	C 101		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.	C 116		

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C 116	Continued From page 2 (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to submit construction documents and specifications for review and approval when undertaking construction or remodeling of an Adult Care Home. Findings on November 21, 2023: a. Grounds - a new generator has been installed and there was no evidence that copies of the plans and specifications were submitted to DHSR/Construction Section for review and approval.	C 116		
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	C 164		

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C 164	Continued From page 3 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 mechanical systems were not kept clean and in good repair. Findings on November 21, 2023: a. 100 Hall, Bedroom 113 - the HVAC grille with its radiation damper had an excessive accumulation of dust/lint. b. 200 Hall, Bedroom 200-Bathroom - the exhaust ventilation grille with its radiation damper had an excessive accumulation of dust/lint. 2. Based on observation, the walls were not kept clean and in good repair. Findings on November 21, 2023: a. 100 Hall, Bedroom 105 - the corridor door and frame were marred-up. b. 200 Hall, Bedroom 200 - the gypsum walls were chipped and gouged-out where the wheelchair had repeatedly rubbed the wall. c. 300 Hall, Bedroom 316 - the corridor door and frame were marred-up. 3. Based on Observation, the plumbing systems were not kept in good repair. Findings on November 21, 2023: a. 200 Hall, Bedroom 200-Bathroom - the commode was not secure to the floor.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 4 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, the building floor was not uncluttered, clean and orderly manner, free of all obstructions and hazards. Findings on November 21, 2023: a. 100 Hall, Bedroom 113 - an unidentified liquid was discovered on the VCT floor. This wet area has turned that area of the floor into a slippery hazard. 2. Based on observation, the building handrails are not free of all obstructions and hazards. Findings on November 21, 2023: a. Entire Building, Corridors -many of the handrails were missing their returns or had loose returns. This has exposed rough edges that could cause personal harm.	C 166		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.	C 184		

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C 184	Continued From page 5 (f) 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 properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on November 21, 2023: a. 100 Hall, Corridor - the mounted evacuation diagram was not oriented for where it was located. The diagram must be properly oriented. As you stand looking at the diagram, the evacuation route shown on the right shall be to your right etc.	C 184		
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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier do not close completely 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 November 21, 2023:	C 189		

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C 189	Continued From page 6 a. 100 Hall, Smoke Barrier - One of the leaves, of the cross-corridor, double-egress doors, had a bent astragal. A bent astragal cannot effectively prevent smoke migration between the smoke compartments. 2. Based on Observation, the fire-resistance-rated construction enclosures providing protection from Incidental areas were not being maintained in a safe and operating condition. This could affect all if smoke/flames are not contained to the room of origin. Findings on November 21, 2023: a. Service Hall, Soiled Linen - the door to the Laundry was part of a 1-hour fire-resistance -rated enclosure surrounding this room. This ¾ hour fire rated door did not latch into its frame. b. Service Hall, Mech/Elec/Telephone Room - the corridor door was part of a 1-hour fire-resistance-rated enclosure surrounding this room. This ¾ hour fire rated door had its closure arm removed. c. Service Hall, Mech/Elec/Telephone - the corridor door was a part of 1-hour fire-resistance-rated enclosure surrounding this room. This ¾ hour fire rated door only latched into its frame 3 out of 6 times. 3. Based on observation, the building's emergency equipment was 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 November 21, 2023: a. Service Hall, Kitchen - the back door exit sign did not have a test button to confirm backup power and there was no working generator. b. 300 Hall, Med Room - the self-contained emergency light made a buzzing sound when the test button was pushed.	C 189		

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C 189	Continued From page 7 c. 300 Hall, Corridor near Bedroom 301 - the self-contained emergency light made a buzzing sound when the test button was pushed. d. 300 Hall, Exterior-Courtyard - the exit sign did not illuminate on backup power when tested. 4. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on November 21, 2023: a. Service Hall, Exterior Mech Room- between two conduits above an electrical device, the 1-hour fire-resistance-rated gypsum ceiling had been patched. The patch did not fill the hole and left a ½ inch gap not firestopped. 5. Based on observations, the building did not have adequate documentation of the fire sprinkler system as required by NFPA 13. Findings on November 21, 2023: a. Service Hall, Exterior Mech Room - the permanent "Hydraulic Nameplate" was missing the written information required for the fire sprinkler riser. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 21, 2023: c. 300 Hall, Exterior-Courtyard - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its weather resistance cover. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 21, 2023: a. 100 Hall, Med Room - the corridor door does	C 189		

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C 189	Continued From page 8 not latch into its frame when closed. b. 200 Hall, Bedroom 207 - when the corridor door was closed, there was a 5/8-inch gap between the face of the door leaf and the doorframe stop. This exceeds the allowable gap of 1/2 inch for a sprinklered building. 8. Based on observation, the building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, or tools. This could affect all if the exit cannot be opened trapping someone inside. Findings on November 21, 2023: a. Service Hall, Kitchen - the walk-in freezer has been equipped with a hasp and padlock. Engaging the hasp and padlock prevents the inside safety release mechanism from releasing the door. 9. Based on Observation, the facility plumbing system was not maintained in a safe and operating condition. Findings on November 21, 2023: b. Service Hall, Hopper Room - the hopper sink was missing its handle. 10. 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 November 21, 2023: a. 200 Hall, Beauty Shop/Laundry - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance -rated ceiling that allows the spread of fire and smoke. b. 200 Hall, Beauty Shop/Laundry-Closet - the fire sprinkler was missing its escutcheon plate,	C 189		

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C 189	Continued From page 9 exposing an opening through the fire-resistance -rated ceiling that allows the spread of fire and smoke. c. Service Hall, Exterior Mech Room - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance -rated ceiling that allows the spread of fire and smoke. d. Service Hall, Bulk Laundry - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. e. Service Hall, Kitchen-Freezer - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. f. Service Hall, Maintenance Office - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic.	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: 1. Based on Observation, the facility failed to	C 191		

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C 191	Continued From page 10 prevent the use of portable electric heaters in an Adult Care Home. This could affect all if the heater was the ignition source of a fire. The danger increases if used by residents or combustible material was near. Findings on November 21, 2023: a. 100 Hall, RCC Office - a portable electric heater was found in this room.	C 191		
C 201	Newly Licensed Facilities-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 failed to maintain the call system in a safe and operating condition. Findings on November 21, 2023: a. 300 Hall, Bedroom 315 - when the call system is activated, the corridor dome lights up along with 3 other rooms.	C 201		