STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: **01** B. WING _____	**12/07/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	**1297 GALAX TRAIL** **MOUNT AIRY, NC 27030**

(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 Ed Miller, conducted on December 7, 2023. Records indicate this facility was first licensed on January 17, 1997, for 112 residents, including 43 Special Care Beds. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code, Group I - Institutional Unrestrained 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 or alterations 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 December 7, 2023: a. AL-Main Hall, Bedroom 16 now Storage - this double occupancy bedroom was being used to store combustible items in quantities in excess of a normal bedroom's fire load. Altering the room's fire load to a Hazardous area; will require fire-resistance-rated separation walls, ceilings, and protective openings. In addition, a project with DHSR Construction Section would be required for these alterations. b. AL-3 Hall, Bedroom 44 now Storage - this double occupancy bedroom was being used to store combustible items in quantities in excess of a normal bedroom's fire load. Altering the room's fire load to a Hazardous area; will require fire-resistance-rated separation walls, ceilings, and protective openings. In addition, a project with DHSR Construction Section would be required for these alterations. c. SCU-B Hall, Bedroom 45 now Storage - this double occupancy bedroom was being used to store combustible items in quantities in excess of a normal bedroom's fire load. Altering the room's fire load to a Hazardous area; will require fire-resistance-rated separation walls, ceilings, and protective openings. In addition, a project with DHSR Construction Section would be required for these alterations. d. SCU-B Hall, Bedroom 47 now Storage - this double occupancy bedroom was being used to store combustible items in quantities in excess of a normal bedroom's fire load. Altering the room's fire load to a Hazardous area; will require	C 101		

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C 101	Continued From page 2 fire-resistance-rated separation walls, ceilings, and protective openings. In addition, a project with DHSR Construction Section would be required for these alterations. 2. Based on observation, the building does not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on December 7, 2023: a. AL-1 Hall, Enclosed Covered Porch directly outside of the Exit Door near AL Directors Office - this porch has an exit to the outside, but no exit sign.	C 101		
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 were not kept clean and in good repair. Findings on December 7, 2023: a. AL-Main Hall, Bath 1-Showers - there was organic matter and microbial growth on both showers tiled walls.	C 164		

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C 164	Continued From page 3 b. AL-2 Hall, Bath 2-Showers - there was microbial growth on both showers tiled walls. c. AL-2 Hall, Bedroom 29 - the blinds on the window had several bent, broken, or missing slats. d. SCU-B Hall, Bedroom 51 - the bathroom door was stained with a brown substance. 2. Based on observation, the floors were not kept clean and in good repair. Findings on December 7, 2023: a. AL-Main Hall, Bath 1-Showers - there was organic matter on the shower's tiled floors and one shower was missing multiple tiles. b. AL-Main Hall, Bath 1-Shower with Built-in Seat - there was adhesive residue on the shower tile floor where some non-skid material had been removed. c. AL-2 Hall, Bath 2-Showers - there was organic matter on the shower's tile floors and one shower was missing multiple tiles. 3. Based on observation, the ceilings were not kept clean and in good repair. Findings on December 7, 2023: a. AL-2 Hall, Bath 2 - there was microbial growth on the ceiling.	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.	C 166		

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C 166	Continued From page 4 This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could harm all. Findings on December 7, 2023: a. AL-Main Hall, Bath 1 - the mounting bracket for the missing towel hook remains attached to the wall. This bracket was rough and had sharp edges, which provides potential to cause harm. 2. Based on Observation, the Building was not maintained free of hazards, because some building components are broken or failed to function as originally intended or are missing. Findings on December 7, 2023: a. SCU-B Hall, Corridor near Bedroom 60 - the panic hardware was missing part of its covers exposing sharp edges which provides potential to cause harm.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 175		

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C 175	Continued From page 5 1. Based on observation, the facility failed to provide residents areas with the required individual towel and towel bar for each resident. Findings on December 7, 2023: a. AL-1, Bedroom 6 - this double-occupancies bedroom had one of its two towel bars replaced with a soap dispenser. b. AL-1, Bedroom 9 - this double-occupancies bedroom was missing one of its two towel bars.	C 175		
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, the facility failed to provide electrical receptacles in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on December 7, 2023: a. AL-1 Hall, Med Room behind the Med Desk - an electrical power receptacle was within six feet of the sink and was not ground fault protected. b. AL-2 Hall, Beauty Shop - an electrical power receptacle was within six feet of the sink and was not ground fault protected. c. SCU-3 Hall, Med Room - an electrical power receptacle was within six feet of the sink and was not ground fault protected.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 6 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, and interview with Maintenance Director, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on December 7, 2023: a. AL-1 Hall Corridor near Office - the fire alarm control panel (FACP) shows a trouble signal. Per interview the trouble signal relates to a problem with a duct detector. 2. 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 December 7, 2023: a. AL-Main Hall, Corridor near Bedroom 15 - the exit sign did not illuminate on backup power when tested. b. AL-Main Hall, Boiler Room - the self-contained emergency light did not illuminate on backup power when the test button was pushed. c. AL-2 Hall, Bath 2 - the self-contained emergency light did not illuminate on backup power when the test button was pushed. d. SCU-B Hall, Corridor near Clean Linen - the	C 189		

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C 189	Continued From page 7 exit sign was dangling from its base by its operational wires. 3. Based on observations, the fire-resistance -rated enclosures protecting the Incidental areas were not maintained in a safe and operating condition by not providing 1-hour rated construction, and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. This could affect all if smoke/flames are not contained to the room of origin. Findings on December 7, 2023: e. SCU-B Hall, Supply Room - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. 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 December 7, 2023: a. AL-Main Hall, Kitchen-Pantry - this room was in the process of having its ceiling and the soffit above the cooler replaced. Assure that the repairs are consistent with the original fire-resistant-rated construction including taping and mudding of the joints and finishing the surface to maintain the fire-resistant rated assembly. b. AL-2 Hall, Media Room - there was a hole with 2 cables not firestopped as they penetrated the fire-resistance-rated ceiling assembly. 5. Based on observation, the facility was not maintained in a safe manner by not having smoke resistant doors closed to contain fire and smoke. This could affect all residents and staff by not containing fire and smoke in the room of origin.	C 189		

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C 189	Continued From page 8 Findings on December 7, 2023: a. AL-Main Hall, Kitchen - the Kitchen to Dining Room door was being held open with a cart wedged under the door handle. This Smoke Resistant door was equipped with a hold-open device that will upon fire alarm activation, release the door allowing it to close and latch. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 7, 2023: a. AL-1 Hall, Activity Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. b. AL-3 Hall, Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not have electrical power; therefore, it could not be tested for ground fault, and was missing its weatherproof cover. c. SCU-L Hall, Women - the light fixtures in this area were not working. d. SCU-3 Janitor Closet - electrical panel FF has an open breaker slot. e. AL-Main Hall, Front Lobby - this exit, part of a "Special Locking System," has an alarmed protective cover over the emergency release switch that was not working. This allows residents unrestricted access to the switch that unlocks that exit. f. SCU-B Hall, Exit near Bedroom 60 - this exit, part of a "Special Locking System," has an alarmed protective cover over the emergency release switch that was not working. This allows residents unrestricted access to the switch that unlocks that exit. g. SCU-R Hall, Exit at Front - this exit, part of a "Special Locking System," has an alarmed	C 189		

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C 189	Continued From page 9 protective cover over the emergency release switch that was not working. This allows residents unrestricted access to the switch that unlocks that exit. 7. Based on observation, the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on December 7, 2023: a. Entire Building - since January 2023 there has been no documentation of the monthly in-house/owner inspections. 8. Based on observations, the fire sprinkler system was not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 7, 2023: a. AL-Main Hall, Supply Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on December 7, 2023: a. AL-4 Hall, Bedroom 12 - when the corridor door was closed, there was a 5/8-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/2 inch for a sprinklered building. b. AL-2 Hall, Bedroom 29 - the corridor door does not latch into its frame when closed. In addition, when the corridor door was closed, there was a 3/4-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/2 inch for a sprinklered	C 189		

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C 189	Continued From page 10 building. c. AL-2 Hall, Bedroom 35 - the corridor door does not latch into its frame when closed. d. AL-2 Hall, Bedroom 38 - the corridor door does not latch into its frame when closed. e. SCU -B Hall, Bedroom 48 - the corridor door does not latch into its frame when closed. 10. Based on Observation, the facility plumbing system was not maintained in a safe and operating condition. Findings on December 7, 2023: a. AL-Main Hall, Vending Machine Room-Staff Restroom - the commode was not secure to the floor. b. SCU-B Hall, Spa - the commode was not secure to the floor. 11. Based on observations, the building was not maintained in a safe and operating condition. The fire sprinkler heads have become loaded with debris that could increase their response time. This could affect all if the fire sprinkler heads' have their thermal elements insulated with debris causing an increased response to a fire. Findings on December 7, 2023: a. AL-Main Hall, Kitchen - the fire sprinkler heads are debris-loaded with grease and lint. 12. 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 December 7, 2023: a. AL-2 Hall, Office across from Beauty Shop - the corridor door was tied open with an electrical	C 189		

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C 189	Continued From page 11 cord. b. AL-2 Hall, Bedroom 20 - a Residents Walker was holding the corridor door open. c. AL-2 Hall, Bedroom 21 - a door wedge was holding the corridor door open. d. SCU-3 Hall, Bedroom 72 - a radio was holding the corridor door open. 13. 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 of origin. Findings on December 7, 2023: a. AL-1 Hall, Corridor near Bedroom 4 - 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. b. AL-Main Hall, Vending Machine 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. c. SCU-L Hall, Men - 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. SCU-L Hall, Men - a fire sprinkler head was removed, and no replacement head was installed. e. SCU-L Hall, Women - two fire sprinkler escutcheon plates have dropped from the ceiling, exposing openings around the sprinklers that allows fire and smoke into the attic. f. SCU-B Hall, Bedroom 53 - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. 14. Based on observations, the Building did not	C 189		

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C 189	Continued From page 12 have an adequate supply of spare fire sprinkler heads as required by NFPA 13. Findings on December 7, 2023: a. SCU-B Hall, Break Room/Sprinkler Riser Room - there were only spare fire sprinkler heads for use in the attic in the fire sprinkler head storage box.	C 189		
C 192	Fireplaces, Inserts, Wood Stoves 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. (3) Fireplaces, fireplace inserts and wood stoves shall be designed or installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. listed. (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 design, and install fireplaces, so as to avoid burn hazards to residents Findings on December 7, 2023: a. AL-Main Hall, Entry Lobby - the gas log fireplace was enclosed with a glass enclosure. This glass enclosure is hot and could burn Residents and others.	C 192		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199		

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TWELVE OAKS	**1297 GALAX TRAIL** **MOUNT AIRY, NC 27030**

(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 199	Continued From page 13 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 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 did not provide working exhaust ventilation in required spaces. Findings on December 7, 2023: a. AL-Main Hall, Bath 1 - the exhaust ventilation system was running but no air was being exhausted. b. AL-Main Hall, Supply Room - the exhaust ventilation system was running but no air was being exhausted.	C 199		