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	HAL046020	A. BUILDING: **01** B. WING _____	**12/12/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	**240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay on December 12, 2023. This facility was licensed on October 1, 1969 as a HA and is currently licensed for 92 Beds with a 20 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 the 1971 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. The "C" Wing, built in 1983, must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina State Building Code(s), section 409.1, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on December 12, 2023: a. The Fire Alarm system has not been inspected since March 11, 2021.	C 111	Fire and building inspection was completed by Fire Marshall and sent to facility. Fire Alarm/Panel System was inspected on 12/29/23. Fire Panel inspection was rescheduled in 2023 due to COVID outbreak in the facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Catie A Puhl, BHS-G,CDP	Administrator	1/29/24

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C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the corridor handrails are not capable of supporting a 250 pound concentrated load. This could cause a resident to slip or fall if the rail failed to support their weight. Findings on December 12, 2023: a. B Hall - the handrail outside of Room 3 is not secure and failed when pressure was applied. b. C Hall - the handrail at the end of the long hall was not secure and has no support brackets in the middle where the two sections of rails meet.	C 148	1/31/24 - Handrails were secured and brackets properly installed on	
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 grounds were not maintained in a clean and safe condition.	C 160		

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C 160	Continued From page 2 Findings on December 12, 2023: a. A Hall - there is a 3" diameter hole in the siding outside of Laundry. b. A Hall - a section of siding has slid down outside of Laundry leaving the sheathing exposed. This was corrected at the time of survey. c. B Hall - several pieces of the vinyl siding outside of the exit by Room 10 are popping off and a wasp nest was observed under a section of the loose siding. d. SCU Courtyard - the exterior trim on the door from the Living Room (B Hall) is damaged and pulling away from the wall. e. SCU Courtyard - the bottom piece of siding along B Hall has multiple holes from getting hit with the mower or weed eater. f. SCU Courtyard - the exit path to the gate is blocked by an overgrown rose bush. The bush was cut back at the time of survey.	C 160	a. 1/31/24 - 3" hole covered b. Corrected 12/12/23 c. 2/1/24 - Siding placed back correctly. Wasp nest was removed d. 2/1/24 - Trim around door was repaired e. 2/1/24 - Siding replaced f. 12/12/23 - Corrected	
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 walls, ceilings and floors were not kept clean and in good repair.	C 164		

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C 164	Continued From page 3 Findings on December 12, 2023: a. Room A02 Bath - there is a crack in the corner wall of the tub/shower that will allow water to penetrate. b. Room A04 - the exterior and adjoining walls have water damage from a roof leak. The paint is bubbled and flaking. c. B Hall Room 3 - water is migrating into the walls at the fire wall causing the paint to bubble and flake. d. C Hall Men's Guest Bath - there is an excessive amount of dust on the exhaust fan. e. C Hall First Community Bath - there is an approximately 6" x 8" section of broken and missing tile at the shower floor under the shower head. f. C Hall Second Community Bath - there is an approximately 6" x 6" section of broken and missing tile at the shower floor under the shower head. 2. Observations revealed that the furniture was not clean and in good repair. Findings on December 12, 2023: a. Most of the bathroom vanities have been replaced with a galvanized metal counter that has a shelf. The finish on the shelf is rusting and the finish is flaking off. b. B Hall Activity Storage - the door handle is loose and the door is damaged around the door hardware.	C 164	a. 2/2/24 - Crack was covered with water proof caulking b, c. 12/21/23 - current: working with insurance on correcting roof leak damages d. 12/21/23 - Exhaust fan cleaned e. 1/31/24 - tile replaced f. 1/31/24 - tile replaced a. 2/5/24 - Removed shelf on metal counters b. 1/31/24 - Door handle and door damage replaced	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

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C 185	Continued From page 4 (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 documents revealed that the facility was not conducting quarterly fire rehearsals on each shift and did not include all of the information required. Findings on December 12, 2023: a. There was not a fire drill conducted on the second shift of the third quarter of 2023. b. The fire rehearsals did not include a short description of what the rehearsal involved.	C 185	a. 12/13/23 - Fire drill conducted in 3rd quarter. Plan in place to ensure fire drills are completed each shift each quarter. b. 12/13/23 - Fire drills will include short description of rehersal.	
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 functioning ground fault interrupters. This is a potential shock hazard if	C 188	1.	

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C 188	Continued From page 5 receptacles near water sources do not function to provide shock protection. Findings on December 12, 2023: a. There is a general pattern of resident bathrooms with an older type light fixture over the vanity with an electrical outlet in the base of the fixture. The outlet is not GFCI protected and is not covered to prevent a resident from using.	C 188	a. 2/1/24 - Outlet was replaced with GFCI.	
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 facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on December 12, 2023: a. B Hall - the left fire door did not close when released by activating the fire alarm. b. The right door of the cross corridor doors at the smoke barrier wall near the main entrance drags on the floor and did not close when the fire	C 189	a, b. 2/2/24 - Fire Door adjusted to close	

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C 189	Continued From page 6 alarm was activated. 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 December 12, 2023: a. The exit/emergency light over the main entrance did not illuminate on test. b. B Hall - the exit sign at the smoke barrier wall on the corridor side did not illuminate on test. c. C Hall - the exit/emergency light at the exit by Room C16 did not illuminate on test. d. C Hall - the exit/emergency light at the exit near the Living Room 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 affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on December 12, 2023: a. Administrator's Office - the emergency light did not illuminate on test. b. B Hall - the emergency light over the Nurses' Station is buzzing indicating a weak battery. c. C Hall - the emergency light in the Med Room did not illuminate on test. d. C Hall Activity Coordinator's Office - the emergency light did not illuminate on test. e. C Hall Living 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	C 189	a, b , c, d - 2/2/24 - emergency lights replaced/repaired appropriately. a, b, c, d, e - 2/2/24 - emergency lights replaced/repaired appropriately.	

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C 189	Continued From page 7 through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on December 12, 2023: a. Dietary Storage - there is a small hole in the ceiling at the right wall. b. There is a pattern of holes where the old phone lines were removed throughout the facility. c. There is a pattern of unsealed penetrations where the new phone lines were installed. d. Room A02 - there is an unsealed tv cable penetration in the ceiling near the door. e. A Hall Central Bath - there is a junction box recessed in the ceiling that has gaps around the edges. f. Pantry - there is a 3/4" hole and and unsealed conduit penetration over the door. g. Kitchen - there is an unsealed water line penetration. h. Kitchen - there is an 18" x 24" patch that has water damage from a leak. The area is stained and the finishing tape is falling off along the edge of the patch compromising the fire resistant rated ceiling assembly. i. Dining - there is an unsealed conduit penetration over the electrical panel and there is a short exposed cable hanging through a hole in the ceiling near the door. j. Administrator's Office - there are several unsealed cable penetrations as well as the cable bundles over the new data equipment installation. k. B Hall exit by Room 10 - there is an unsealed cable bundle to the left of the exit sign. l. B Hall - there is a 1/2" diameter hole in the wall outside of the Living Room. m. C Hall - there is a crack in the ceiling and the sheetrock is separating outside of Room C11. n. C Hall Living Room - there is an unsealed cable penetration over the television.	C 189	a, b ,c . 2/2/24 - hole covered with appropriate caulking d, e, f, g, l, m - 2/2/24 - holes covered with appropriate caulking h - 2/4/24 - finishing tape removed, and replaced with appropriate covering i - 2/4/24 - corrected resealed and cables not hanging j, k, n -2/4/24 - cables covered	

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C 189	Continued From page 8 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on December 12, 2023: a. Room A02 Bath - the wall mounted sink is pulling away from the wall. 6. 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 December 12, 2023: a. Room A19 - the door is heavily damaged on the latch side and the latching hardware is missing so that the door does not close and latch. b. A Hall Men's Bath - the door does not completely close to latch and provide privacy. c. B Hall, Room 3 - the door drags hard on the frame near the bottom requiring excessive force to close. This was corrected at the time of survey. d. C Hall Living Room - the door rubs and requires excessive force to close. 7. 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. Findings on December 12, 2023: a. Room A16 Toilet - the toilet is not secure to the floor.	C 189	a -2/4/24 - sink remounted correctly. a, b, c, d - 2/5/24 - doors corrected appropriately a - 1/31/24 - toilet secured to the floor	

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C 189	Continued From page 9 8. 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 during a fire. Findings on December 12, 2023: a. A Hall Soiled Linen Closet - the heat detector is hanging from its wires. 9. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on December 12, 2023: a. Administrator's Office - there are two cable penetrations sealed with an orange material that does not meet the requirements of the fire resistant rated ceiling. b. Corridor - an orange foam sealant was used to seal penetrations in the corridor outside of the Administrator's Office and in the corridors at the intersection of Halls B and C. 10. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on December 12, 2023: a. B Hall Room 5 - the grille for the HVAC vent over the door is missing. 11. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Override switches that are accessible to residents and are not protected with an alarm to alert staff may allow for elopement of	C 189	a - 1/30/24 - heat detector secured to ceiling a, b - 2/4/24 - correct fire resistant foam replaced a - 2/3/24 - HVAC cover ordered	

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C 189	Continued From page 10 residents. Findings on December 12, 2023: a. B Hall - the master override switch to release all of the magnetic locks on the exit doors is mounted on the corridor wall outside of the Med Room. The switch is equipped with an alarm box which did not alarm when opened.	C 189	12/13/23 - squak box operating appropriately	
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 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 December 12, 2023: a. C Hall C14 Bath - the exhaust fan is not working.	C 199	a- exhaust fan ordered 2/4/24	

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