STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032109	A. BUILDING: **01** B. WING _____	**02/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT SOUTH POINT	**1002 EAST HIGHWAY 54** **DURHAM, NC 27713**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 1, 2024. This facility was licensed on October 25, 1996 for fifty-one (51) Special Care Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1996 Edition of the North Carolina State Building Code, Section 409.1-Group I Unrestrained Occupancy. 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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. 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. For licensed facilities equipped with special locking, a wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel. Findings on February 1, 2024: a. There was not a wiring diagram provided under glass adjacent to the fire alarm panel. 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. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on February 1, 2024: a. The exit doors are equipped with maglocks. The emergency release switches at the doors are keyed switches. Not one staff that was interviewed had a key for the emergency release. After multiple attempts, the maintenance technician was able to locate a key ring that had a working key. 3. 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	C 101		

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C 101	Continued From page 2 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 February 1, 2024: a. Master override switches are located at each Nursing Station. Neither of the switches released the magnetic locks on the exit doors when pressed to activate.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer.	C 154		

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C 154	Continued From page 3 Findings on February 1, 2024: a. Interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer and none of the exterior doors have sounding devices on the doors that is activated when the door is opened.	C 154		
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. Findings on February 1, 2024: a. 200 Hall Courtyard - there is a 12" section of the exterior soffit missing near the exit. Holes in the exterior soffit will allow pests to enter the facility. b. 200 Hall Courtyard - two sections of the exterior soffit are bowed and pulling out of the track at the intersection of the main Hall and the 200 Hall. c. 200 Hall - the handrails at the ramp outside the Maintenance Office are rotting and heavily damaged. d. 200 Hall exit - there are two sections of the gable siding popping off. e. 300 Hall Courtyard - the ground around one of	C 160		

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C 160	Continued From page 4 the clean outs and manhole is uneven creating a trip hazard. f. 300 Hall Courtyard - there are two 4x4's with a plywood sheet across the top. The plywood is rotting and sagging. There is a table and two stacked chairs on the plywood which creates an unstable condition.	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 ceilings were not kept clean and in good repair. Findings on February 1, 2024: a. 100 Hall Sunroom - the finishing tape is loose and peeling away from the ceiling at the window wall. b. 300/400 Hall Activity Storage - there is black residue on the ceiling along the exterior wall.	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:	C 166		

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C 166	Continued From page 5 (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 there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on February 1, 2024: a. 300 Hall Sunroom - the exit door did not release and open during the fire alarm tests and required the use of a tool to release the latch. At the time of survey, maintenance staff found a spring was loose and repaired the door so that it would open without the use of a tool.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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.	C 185		

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C 185	Continued From page 6 This Rule is not met as evidenced by: 1. Review of records revealed that there was not a record of quarterly fire rehearsals on each shift. Findings on February 1, 2024: a. The only fire drill records available were for the second and third shifts on the first quarter of 2023, the first shift in the second quarter of 2023 and for the third shift in the third quarter of 2023.	C 185		
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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on February 1, 2024: a. 400 Hall - the right hand door of the cross corridor doors rubs on the frame preventing it from closing completely. 2. Based on observation there is a failure to	C 189		

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C 189	Continued From page 7 maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on February 1, 2024: a. FACP Room - there is one unsealed cable penetration along the right wall. b. Water Heater Room - there is a steady leak in the back right corner that has created a hole in the ceiling and damaged the ceiling around the hole. A vendor repaired the water leak at the time of survey. c. Med Room - there are two 1" diameter holes in the ceiling where a light was replaced. d. Kitchen - there are four unsealed conduit penetrations in the ceiling by the freezer unit. e. 300/400 Hall Activity Storage - the attic access hatch is not secure leaving openings in the fire resistant rated ceiling. 3. 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 February 1, 2024: a. Attic above Kitchen access - there is an open panel box with wires exposed just outside the access panel. b. Service Hall Exit - the protective cover plate has broken off for the exterior GFCI to the left of the exit door. 4. 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	C 189		

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C 189	Continued From page 8 indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 1, 2024: a. 100 Hall Sunroom - the exit sign over the exterior door is not secure to the ceiling. 5. 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 holes through the surface of the doors. Findings on February 1, 2024: a. Residential Supply Closet Right - there are 1/4" holes through the door above and below the door hardware. 6. 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 affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on February 1, 2024: a. Kitchen - the monthly in-house inspections for the hood suppression system are not being conducted and recorded on the inspection tag. 7. 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 February 1, 2024: a. Kitchen Pantry - there are items stored to	C 189		

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C 189	Continued From page 9 within 18" of the ceiling. These were moved at the time of survey. b. 300 Hall Clean Linen - there are pillows stored on the top shelf within 18" of the ceiling. c. 300/400 Hall Storage with exterior door - items are stored within 18" of the ceiling. 8. 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 February 1, 2024: a. 300 Hall Soiled Utility - the door hardware on the back room door is heavily damaged around the latch so that it no longer automatically closes and latches. There are also 1/4" holes above and below the door hardware. 9. Observations revealed that the electrical was not maintained in a safe and operating condition. Findings on February 1, 2024: a. 400 Hall Spa - the GFCI outlet in the toilet area did not have power. b. There was a pattern of outlets without power in the resident bathrooms. c. 400 Hall Spa - the light was burned out in the toilet area.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	C 199		

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C 199	Continued From page 10 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 February 1, 2024: a. Janitor's Closet across from the FACP - the exhaust fan is not working. b. Guest Toilet - the exhaust fan is not working. c. 100 Hall Half Bath - the exhaust fan is not working. d. 400 Hall Front Side of Soiled Utility - the exhaust fan is not working well enough to dissipate odors.	C 199		