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	HAL019019	A. BUILDING: **01** B. WING _____	**09/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	**P O BOX 1209** **PITTSBORO, NC 27312**

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C 000	Initial Comments Report of a Biennial Survey by Suzanna Fay conducted on September 21, 2023. Records indicate this facility was first licensed on April 10, 1999. The facility is currently licensed for 90 Beds with a 38 Bed Special Care Unit. Therefore the 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 applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited and a Plan of Corrections 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 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 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 September 21, 2023: a. SCU - the emergency release switch located in the Nurses' Station did not release the exit doors when tested.	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	C 154		

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C 154	Continued From page 2 accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. Findings on September 21, 2023: a. SCU - the exit door near the Activity Room did not alarm when opened.	C 154		
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. Findings on September 21, 2023: a. 200 Hall Dining - there is black mildew and damage from condensation around the front supply vent. b. SCU Activity Room - the vinyl is torn at the door threshold creating a trip hazard.	C 164		

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C 166	Continued From page 3	C 166		
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. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained in an uncluttered clean and orderly manner, free of all obstructions and hazards. Findings on September 21, 2023: a. Room 319 - the room is being used as storage. There is furniture and mattresses piled haphazardly in the room without any clear path of egress. b. The door hardware cover on the right hand door leading into the SCU has broken off leaving the interior mechanisms exposed and creating a potential injury hazard. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 21, 2023: a. Room 315 - there are four small oxygen bottles sitting on the floor without any means of restraint.	C 166		

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C 189	Continued From page 4	C 189		
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 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 September 21, 2023: a. Men's Guest Toilet - there is a small gap at the exhaust fan where the fan vent is not seated properly in the opening. b. There is a pattern of sprinkler heads not properly seated in the ceiling openings. Areas include but are not limited to bedrooms, closets and common areas. c. AL Nurse's Office - there is one unsealed cable penetration in the back corner. d. Incontinence Storage Room - the left ceiling vent is detaching from the ceiling leaving a hole in the fire resistant rated ceiling. e. 200 Hall Janitor's Closet - the blow out piping for the sprinkler system is not sealed as it penetrates the ceiling. f. Kitchen - there is one unsealed conduit	C 189		

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C 189	Continued From page 5 penetration at the dishwashing area. g. Kitchen Storage - the escutcheon ring on one of the sprinkler heads has dropped leaving a gap in the fire resistant rated ceiling. h. 300 Hall Boiler Room - the popcorn finish and finishing tape has come off in two areas near the corridor door leaving the sheetrock joints exposed and compromising the fire resistant rated ceiling assembly. i. Electrical by Room 104 - there is a small unsealed cable penetration near the right wall. j. Large Mechanical Room - there are some unsealed penetrations in the ceiling at hangers and pipes. k. SCU Soiled Linen - there is a 1" diameter hole in the ceiling at the light fixture. l. 100 Sunroom - one of the sprinkler head pendants near the Soiled Linen Room did not get replaced during the last project leaving an opening in the fire resistant rated ceiling. Note: the part is on order. 2. 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 effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on September 21, 2023: a. Exterior Main Electrical Room - the fire extinguisher did not get serviced during the most recent annual inspection. b. Riser Room - the fire extinguisher did not get serviced during the most recent annual inspection. 3. Based on observation the facility's fire safety equipment is not maintained in operating	C 189		

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C 189	Continued From page 6 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 September 21, 2023: a. 300 Hall Closet - boxes were stacked to within 18" of the ceiling. 4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on September 21, 2023: a. Room 314 - the door was held open using a rubber band secured to a hook on the wall. 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 gaps or holes through the surface of the door. Findings on September 21, 2023: a. Room 116 - the blank plate on the door has shifted leaving a crescent shaped hole through the door. 6. 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 September 21, 2023:	C 189		

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C 189	Continued From page 7 a. SCU Boiler Room - a yellow foam product was used to seal penetrations for the equipment. 7. 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 September 21, 2023: a. None of the magnetic hold open devices released during the fire alarm test for doors leading into dining rooms, activity rooms or any interior rooms with hold open devices. Therefore, the doors did not automatically close and latch.	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 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:	C 199		

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C 199	Continued From page 8 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 September 21, 2023: a. The exhaust fans in the Men's and Women's staff bathrooms are not working. b. Room 305 Bath - the exhaust fan is not working.	C 199		