

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/20/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MONROE MANOR ASSISTED LIVING BUILDING 1101 BAUCOM ROAD
MONROE, NC 28110

(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 Follow Up Survey by Tod Hancock conducted on February 20, 2024. Deficiencies were cited that require a Plan of Correction.	{C 000}		
{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 premises were not maintained in a safe condition. Findings on February 20, 2024: a. One of the cover plates was missing on the fire department connection and there are pine needles and other debris in the opening.	{C 160}	1. Debris removed from opening. 2. Fire department connection plate replaced. 3. Staff will check to ensure connection plates are intact daily x5 days. 4. Staff will check connection plates weekly x4 weeks. 5. Staff will continue to monitor connection plates monthly to ensure they're intact.	
{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	{C 199}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

C5EY22

If continuation sheet 1 of 2

Kashna Rivers admin 4/10/24

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MONROE MANOR ASSISTED LIVING BUILDING

**1101 BAUCOM ROAD
MONROE, NC 28110**

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{C 199}	Continued From page 1 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 20, 2024: a. Men's Tub Bath - the exhaust fan is not working.	{C 199}	1. Men's tub bath exhaust fan ordered. 2. Mechanic will install fans once received. 3. Exhaust fans will be available in 3 weeks. 4. Staff will check daily for any signs of mildew and slick areas daily for 3 weeks. 5. Then staff will check monthly once exhaust fans are installed to ensure proper function.	

Kashna Rivas admin 4.10.24