

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 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 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: 3. Based on observation, the plumbing equipment was not maintained in a safe and operating condition. Findings on February 20, 2024: a. Tub Bathroom - the sink faucet is not secure to the sink.	{C 189}	1. Faucet tighten and secured to sink. 2. Staff will check faucet daily x5 days to ensure its property secured. 3. Staff will check all faucets daily x5 days to ensure they're all property secured. 4. Then staff will check all faucets weekly to ensure they're property secured.	
{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	{C 199}		

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

TITLE

(X6) DATE

Kashna Rivas admin 4-10-24

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER MONROE MANOR ASSISTED LIVING BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BAUCOM ROAD MONROE, NC 28110
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{C 199}	Continued From page 1 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 20, 2024: a. Laundry - the exhaust fan is not working. b. Tub Bath - the exhaust fan is not working.	{C 199}	1. Laundry exhaust fan ordered. 2. Tub Bath exhaust fan ordered. 3. Mechanic will install fans once received. 4. Exhaust fans will be available in 3 weeks. 5. Staff will check daily for any signs of mildew and slick areas daily for 3 weeks. 6. Then staff will check monthly once exhaust fans are installed to ensure proper function.	

Kashne Rivers admin
4-10-24