STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090035	A. BUILDING: **01** B. WING _____	R **04/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	**5306 SECREST SHORT CUT 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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on April 16, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected and one new deficiency has been cited.	{C 000}		
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: New Deficiency: 1. Observations revealed that the carpet in each of the corridors has dark stains down the middle of the hallways. The carpet on B Hall has dark gray stripes down the right side of the corridor. The carpet outside the Dining area is torn and unraveling and bunching up to create a trip hazard.	C 164		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	{C 189}		

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	HAL090035	A. BUILDING: **01** B. WING _____	R **04/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	**5306 SECREST SHORT CUT 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 189}	Continued From page 1 (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 the facility failed to maintain the fire safety systems in a safe operating condition. This could endanger all occupants by delaying the signaling of first responders in an emergency. Findings on April 16, 2024: a. The Fire Alarm Control Panel (FACP) is indicating trouble. The fire alarm system was serviced on 1/24/24 but is currently indicating trouble again due to the addition of three new leaks since the previous survey. The trouble spots are smoke detector in Studio D1, smoke detector in A Wing and pull station end of B Wing. 5. Based on observation and interview with the Maintenance Director, the facility is not maintaining its electrical system in a safe and operational manner. Findings on April 16, 2024: a. Foyer-The lights in the foyer are not operational. They appear to be fed from panel A2, circuit #12.	{C 189}		