SUNRISE ASSISTED LIVING® OF CARY

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To DHSR Construction Section
Name: Tod Hancock
Fax number: 919-733-6592

Name: Carrie Faulkner
Executive Director

5/1/2024
Date sent:
Time sent:
# of pages including cover page: 6

- [ ] Urgent
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Message:
POC for visit date March 12, 2024.

PRINTED: 04/26/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092209	A. BUILDING: **01** B. WING ____________	03/12/2024

NAME OF PROVIDER OR SUPPLIER: **SUNRISE OF CARY**

STREET ADDRESS, CITY, STATE, ZIP CODE: **1206 WEST CHATHAM STREET, CARY, NC 27513**

(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 Survey by Tod Hancock on March 12, 2024. This facility was first licensed on July 23, 2009, as a Home for the Aged serving 85 residents including a 35 bed Special Care Unit. Therefore, the facility must meet the 2006 North Carolina State Building Code(s) for Institutional Occupancy, and the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were noted which require a Plan of Corrections.	C 000	See attachment	
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: .Based on observation, the ceilings were not kept in good repair. Findings March 12, 2024: a.1st Floor Dining Room- There is an Incomplete drywall ceiling repair.	C 164		
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	Continued From page 1 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 the facility failed to maintain the fire system safety components in a safe and operating condition. This could affect all occupants who rely on timely notification of emergencies. Findings on March 12, 2024: a. The Fire Alarm Control Panel (FACP) was indicating trouble with the smoke detector in room 229. Interview with staff indicated the detector had been ordered and will be installed upon arrival. 2. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings on March 12, 2024: a. Kitchen- The ice machine drain does not have a 2" air gap	C 189		

Sunrise Senior Living
Plan of Correction Template

Name of Community: Sunrise of Cary
Address: 1206 W Chatham Street Cary, NC 27513
License number: HAL-092-209
Inspection date(s): March 12, 2024
Name and Title of Sunrise Representative Signing the Plan of Correction:
Carrie Faulkner, Executive Director
Signature of Sunrise Representative: Carrie A Faulkner, ED
Date of Submission: 5/1/2024

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F.0306 Section .0300 Housekeeping and Furnishings	3/18/2024	**A. With respect to the specific resident/situation cited:** *The Maintenance Coordinator repaired and painted the incomplete drywall in the 1st floor dining room on March 18, 2024*
	4/26/2024	**B. With respect to how the facility will identify residents/situations for the identified concerns:** Executive Director or designee will conduct weekly rounds with Maintenance Coordinator or designee to identify any concerns that need addressed.
	3/12/2024	**C. With respect to what systemic measures have been put into place to address the stated concern:** Any concerns identified will be entered into our system for the maintenance coordinator to correct in a timely manner.
	4/26/2024	**D. With respect to how the plan of correction will be monitored:** Executive Director or designee will report the results of the concerns to the QAPI committee The QAPI committee will reevaluate and initiate action during the review period based on issues identified or trends observed. The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.
10A NCAC 13F.0311 Section .0300	4/24/2024	**A. With respect to the specific resident/situation cited:** Maintenance Coordinator corrected the 2" air gap that was needed for the ice machine to drain properly on 4/26/2024.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Physical Plant Other Requirements	4/26/2024 3/12/2024 4/24/2024	**B. With respect to how the facility will identify residents/situations for the identified concerns:** Executive Director or designee will conduct weekly rounds with Maintenance Coordinator or designee to identify any concerns that need addressed. **C. With respect to what systemic measures have been put into place to address the stated concern:** Any concerns identified will be entered into our system for the maintenance coordinator to correct in a timely manner. **D. With respect to how the plan of correction will be monitored:** Executive Director or designee will report the results of the concerns to the QAPI committee The QAPI committee will reevaluate and initiate action during the review period based on issues identified or trends observed. The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.
10A NCAC 13F.0311 Section .0300 Physical Plant Other Requirements	3/14/2024 4/26/2024 3/12/2024 4/24/2024	**A. With respect to the specific resident/situation cited:** Maintenance Coordinator installed a new smoke detector in room 229 on March 14, 2024 therefore The Fire Alarm Control Panel (FACP) is not indicating any trouble on the panel. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Executive Director or designee will conduct weekly rounds with Maintenance Coordinator or designee to identify any concerns that need addressed. **C. With respect to what systemic measures have been put into place to address the stated concern:** Any concerns identified will be entered into our system for the maintenance coordinator to correct in a timely manner. **D. With respect to how the plan of correction will be monitored:**

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		Executive Director or designee will report the results of the concerns to the QAPI committee The QAPI committee will reevaluate and initiate action during the review period based on issues identified or trends observed. The Executive Director is responsible for confirming implementation and ongoing compliance with the components of the plan of correction and addressing and resolving variances that may occur.