

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/17/2024
NAME OF PROVIDER OR SUPPLIER TWELVE OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 1297 GALAX TRAIL MOUNT AIRY, NC 27030		
(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 April 17, 2024. Records indicate this facility was first licensed on January 17, 1997, for 112 residents, including 43 Special Care Beds. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code, Group I - Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	{C 000}	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state law	
{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 and interview with the Maintenance Director, the Fire Sprinkler system was not maintained in a safe and operating condition. This would affect all by not providing suppression of a fire. Findings on April 17, 2024:	{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS 10A NCAC 13F .0311 Other Requirements 1. Fire Sprinkler System a. The Fire Alarm Control Panel (FACP)- SCU sprinkler system will be repaired. Company has been contacted to make repairs. Community awaiting repair to be scheduled. Community will remain on fire watch protocol until repair is made. Community ED/Maintenance/Manager on Duty will ensure daily that fire watch rounds are being done.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE **5/22/24**

(X6) DATE

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{C 189}	Continued From page 1 a. The Fire Alarm Control Panel (FACP) was signaling a supervisory alarm. Staff indicated that there were leaks in the fire sprinkler system on the SCU side and that the system had been taken out of service and repairs had been initiated. A fire watch had been put in place until repairs could be completed.	{C 189}		