STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019023	A. BUILDING: **01** B. WING _____	**03/27/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM RIDGE ASSISTED LIVING	**114 POLKS VILLAGE LANE** **CHAPEL HILL, NC 27517**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 27, 2024. Records indicate this facility was first licensed on April 14, 2015, for 91 beds including a Special Care Unit with 34 beds. The facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2006 North Carolina State Building Code Section 409.1-Institutional Occupancy (Group I-2). Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with the Maintenance Director, the facility failed to maintain current (completed within the last twelve months) sanitation and fire and building safety inspection reports in the home and available for review. Findings on March 27, 2024: a. There was no Fire Official (Fire Marshal) report available for review. b. The last annual National Fire Alarm and Signaling Code record of inspection and test in accordance with NFPA 72 was performed in September 2023 and listed sixteen deficiencies. There was no documentation provided to indicate	C 111	Annual Fire Inspection 11-8-2023 on schedule for 11-2024. Maintenance Director has contacted the Fire Marshal and received the report. The report will be maintained onsite. All inspection reports will be maintained onsite and kept in inspection report binder. 16 Dampers identified out of compliance have been corrected on 3/18/2024 by Allied Fire Protections	

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C 111	Continued From page 1 that the deficiencies were corrected or identified as recommendations to bring the system up to the current Code.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on March 27, 2024: a. Left Middle Area, Oxygen Storage Room - 2 (E-size) and 3 (M4-size) portable oxygen cylinders were standing up on the floor not properly chained or supported by the wall or in a stand or cart. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 2. Based on observation, the building had handrails that were not free of hazards. Findings on March 27, 2024: a. A Hall, Between Rooms A-05 and A-15 - the handrail was loose.	C 166	Oxygen provider contacted and appropriate oxygen storage containers have been delivered. Corrected by March 29th. Maintenance Director will monitor oxygen storage routinely for compliance. Handrail on A hall has been repaired as of April 3rd. All other handrails have been inspected to ensure they are secured and safe. Maintenance Director has added task of checking handrails monthly.	

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C 189	Continued From page 2	C 189		
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 observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on March 27, 2024: a. A Hall, Attic-Smoke Barrier - there was a sleeve with a refrigerant line not completely firestopped as it penetrated the fire-resistance-rated smoke barrier wall. b. B Hall, Attic-Smoke Barrier - there was a conduit with two cables not firestopped as it penetrated the fire-resistance-rated smoke barrier wall. c. B Hall, Attic-Smoke Barrier - there was a sleeve with a refrigerant line and the fire stopped material has been pull out of the sleeve as it penetrated the fire-resistance-rated smoke barrier wall. d. B Hall, Attic-Smoke Barrier - there was a water line not completely firestopped as it penetrated the fire-resistance-rated smoke barrier wall. e. Left Middle Area Back, Data Room - there were two large cable bundles not completely sealed as they penetrated the smoke tight wall.	C 189	All items have been fire caulked on 3.28.2024 and Maintenance will check monthly to ensure compliance.	

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C 189	Continued From page 3 f. C Hall, Riser Room - the metal pipe on riser-one was not firestopped as it penetrated the fire-resistance-rated ceiling assembly. g. D Hall, Housekeeping - there was a 14 x 24-inch hole in the wall near a sprinkler drain not sealed as it penetrated the smoke tight wall. h. D Hall, Attic-Smoke Barrier - there was a sprinkler line not completely firestopped as it penetrated the fire-resistance-rated smoke barrier wall. 2. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on March 27, 2024: a. A Hall, Theater Room - this room was equipped with a pair of doors to the corridor, which were not equipped with positive latching hardware. b. B Hall, Living Room - this room was equipped with a pair of doors to the corridor, which were not equipped with positive latching hardware. c. C Hall, Activities Room - this room was equipped with a pair of doors to the corridor, which were not equipped with positive latching hardware. d. C Hall, Bedroom C-04 - there were two ¼-inch diameter holes through the corridor door around the door handle. e. C Hall, Bedroom C-08 - the corridor door did not latch into its frame when closed. 3. Based on observations, the Facility's method of storing combustible material in Electrical Rooms was not maintained in a safe and proper condition. Findings on March 27, 2024: a. C Hall, Electrical room - six mattresses and two headboards were stored in this room. Facility Staff corrected this deficiency before the	C 189	A-C weather stripping was applied on 3/28/2024. Adequate smoke detectors located in the areas identified in report (A, B, C) therefore, the latching is not required. D- filled hole with caulk on 3/28/24 E- Adjusted hinges on door on 3/29/24 All items have been cleared and placed in the correct location. Checking monthly to make sure areas stay cleared. Corrected by 3/27/24	

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C 189	Continued From page 4 Construction Surveyor left the site. 4. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on March 27, 2024: a. A Hall, Theater Room - a set of mechanical kick down holders were holding the pair of corridor doors open. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. Left Middle Area Back, Kitchen - a mechanical kick down holder was holding the pair of corridor doors open. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on March 27, 2024: a. Front Office Area, Office Manager Office - a fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to spread into the attic. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. D Hall, Back Exit Porch - two fire sprinkler escutcheon plates had dropped from the ceiling, exposing openings around these sprinklers that allow fire and smoke to spread into the attic.	C 189	All door stoppers have been removed and education to the team has been made that doors are not to have kick plates. 3/27/24 Maintenance has added task to check monthly. Placed Escutcheon back on 3/27/24 Maintenance Director will walk through monthly to ensure completed.	

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C 191	Continued From page 5	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if the heater was the ignition source of a fire. The danger increases if used by residents or combustible material was near. Findings on March 27, 2024: a. C Hall, Teams Member Sering Area-Office - a portable electric heater was found in this room. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 191	Electrical heater was removed the day of survey 3/27/24. All managers have been educated on rule area to ensure compliance. Maintenance Director will conduct random audits to ensure compliance.	
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each	C 193	Maintenance Director has contacted an electrician to install a lockable service disconnect to the activity room stove. Electrician onsite 7/23/24 and to be completed by 7/26/24 This will prevent the usage of this stove when not in use and unmonitored. While in use and not locked out, the stove will be monitored by staff.	

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C 193	Continued From page 6 resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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 ensure that the range was equipped with a locking feature and was operated under facility staff supervision. Findings on March 27, 2024: a. Right Area Front, Activities - the range locking feature was positioned so the unit has power, and no staff were present to provide supervision.	C 193		