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	HAL068008	A. BUILDING: **01** B. WING _____	**10/31/2024**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay on October 31, 2024. Reords indicate this facility was first licensed as a Home for the Aged serving 64 residents, including a 16 bed Special Care Unit, on October 23, 1997. Therefore, the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code(s), Section 409.1 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Observations revealed that the facility does not meet the code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Stairs are not to be used for any purpose other than means of egress. Findings on October 31, 2024: a. Courtyard side Stairwell - there is a file cabinet, storage cart and games stored on the second floor landing. There is furniture, equipment, a television, a toilet and a cart stored at the landing and underneath the stairs on the first floor. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on October 31, 2024: a. SCU Courtyard - the override key did not release the gate when tested.	C 101		
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	C 111		

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C 111	Continued From page 2 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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on October 31, 2024: a. The annual Fire Alarm System inspection report has not been completed. The panel was replaced and they are working to resolve an issue with the phone lines; so a final inspection has not been conducted.	C 111		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval	C 116		

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C 116	Continued From page 3 shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation and interview, it was revealed that the facility failed to submit Construction Documents and specifications to the Division of Health Service Regulation/Construction Section when construction or remodeling was planned. Findings on October 31, 2024: a. The Fire Alarm Panel was recently replaced and plans were not sent to DHSR/Construction for review and approval.	C 116		
C 153	Exit Door Locks-Single Hand Motion	C 153		

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C 153	Continued From page 4 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Observations revealed that the outside entrances and exits were not maintained in an operable condition that allows for safe and quick exiting in the event of a fire or other emergency. Findings on October 31, 2024: a. Service Hall Stair exit - the exterior door requires excessive force to open. b. SCU Courtyard - the gate had bungee cords wrapped around the gate, preventing it from opening when released by the fire alarm.	C 153		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean condition.	C 160		

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C 160	Continued From page 5 Findings on October 31, 2024: a. AL Enclosed Porch - the exterior trim is rotting and the paint has flaked off below the eave vent.	C 160		
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: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on October 31, 2024: First Floor: a. Kitchen Pantry - there was a mechanical leak above the ceiling and the freezer line froze. Most of the ceiling tile has been removed from this room until repairs are complete. The ceiling grid is rusting. b. Kitchen - the bottom corner of the FRP panel near the corridor door is bent and sticks out into the path of egress. c. Dining - the ceiling finish is flaking and peeling around the ceiling access panels in the back of the room. d. Room 105 - the ceiling was patched due to a water leak but there are brown stains around the light and around the patch. The finish on the	C 164		

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C 164	Continued From page 6 patch is bubbled. e. SCU Laundry - there are water stains on the ceiling at the entry and multiple patches that have not been painted. There is gray spot of microbial growth along the edge of one of the patches. f. SCU Laundry - the wall behind the washer is bubbled from a leak below the water connections. There are lint covered dryer sheets and rags behind the dryer as well as a comb. Second Floor: g. There is a leak at the smoke detector outside of Room 202. The ceiling is stained, soft and damp to the touch. Third Floor: h. Med Room - there is a six inch hole in the bottom of the wall and the cove base has fallen off.	C 164		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals are not being conducted on each shift	C 185		

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C 185	Continued From page 7 per quarter. Findings on October 31, 2024: a. There was not a fire rehearsal recorded on the third shift of the first quarter of 2024. b. There was not a fire rehearsal recorded on the second shift of the second quarter of 2024. c. There was not a fire rehearsal recorded on the second or third shift of the third quarter of 2024.	C 185		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on October 31, 2024: First Floor: a. Guest Toilet, left - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. b. Dining - there is a gap at the sprinkler head in the back of the room.	C 189		

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C 189	Continued From page 8 c. The escutcheon rings on the sprinkler heads outside of the Bistro have dropped leaving gaps in the fire resistant rated ceiling. d. The sprinkler head is missing its escutcheon ring in the SCU outside of the Community Bathroom. e. Room 104 Bath - the fan is not secure to the ceiling leaving a gap in the fire resistant rated ceiling. Second Floor: f. There is a pattern of bathroom ceilings on the second floor where large openings are cut into the ceiling to access and replace the air handling units. The ceilings appear to be one hour rated and the openings are covered with thin plywood sheets. There are gaps in the ceiling between the panels and around the edges of the openings. g. Corridor outside of the Nurses Offices - an opening was cut in the ceiling to repair a leak. The patch has not been taped, mudded and painted to seal the opening. Third Floor: h. Two of the sprinkler heads outside of Room 319 have dropped. i. Med Room - the back sprinkler head is missing its escutcheon ring. j. The sprinkler head outside of Room 307 is missing its escutcheon ring. k. The sprinkler head outside of Room 303 is missing its escutcheon ring. l. The sprinkler head outside of the Living Room is missing its escutcheon ring. m. Dumpster side Stairwell - there is a hole at the base of the sprinkler head on the third floor landing. The attic access hatch is not securely closed. n. The sprinkler head outside of the stairwell has dropped leaving a gap in the fire resistant rated ceiling.	C 189		

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C 189	Continued From page 9 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on October 31, 2024: First Floor: a. One of the sprinkler heads in the corridor outside of Dining burst damaging the ceiling and walls in the corridor and dining room. The damages are currently being repaired. b. Enclosed Porches (AL and SCU) - there is corrosion around the base of the sprinkler heads and on the escutcheon rings. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 31, 2024: First Floor: a. Dining - the two emergency lights in the back of the room did not illuminate on test. These were replaced at the time of survey. Second Floor: b. Nurses' Office - the back emergency/exit light does not illuminate on test. c. Dumpster Side Stairwell - the emergency lights in the stairwell do not illuminate on test. This was corrected at the time of survey. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did	C 189		

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C 189	Continued From page 10 not operate when needed to provide fire protection. Findings on October 31, 2024: a. The fire extinguishers in the facility were last serviced in May of 2023. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on October 31, 2024: a. Room 105 - there is a 1/2" gap between the top of the door and the door frame at the latch side of the door. b. Room 209 - there is a gap at the top of the door between the door and the door frame. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 31, 2024: a. Room 104 - the hinge is loose and the door rubs on the frame requiring excessive force to close and latch. 7. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the	C 189		

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C 189	Continued From page 11 spread of smoke and/or fire to the area of origin. Findings on October 30, 2024: a. Third Floor cross corridor doors - small pieces of trim were wedged under the doors and they did not close when released by the fire alarm. The wedges were removed at the time of survey. 8. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Broken or open exhaust vents allow for pests to enter the facility. Findings on October 30, 2024: a. Third Floor Laundry - two of the flaps on the dryer exhaust vent are broken off at the exterior vent cap.	C 189		
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 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:	C 199		

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C 199	Continued From page 12 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 October 31, 2024: First Floor: a. SCU Housekeeping Closet - the exhaust fan is not working. b. SCU Laundry - the exhaust fan is not working. c. 200 Hall Spa - the exhaust fan is not working.	C 199		