STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032132	A. BUILDING: 01 B. WING _____	R 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RESERVE OF DURHAM	4523 HOPE VALLEY ROAD DURHAM, NC 27707

(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 Ed Miller, conducted on September 10, 2024. Not all previously cited deficiencies have been corrected and two new deficiencies were cited, therefore, a new plan of correction is required.	{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: 1. Observations and interview with MCU Staff, Maintenance Director, and Executive Director, revealed that the facility is not in compliance with code requirements in effect at the time of construction, addition, renovation or alteration. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are	{C 101}	The Facility Maintenance Director distributed multiple keys to operate the on/off emergency release at exit doors in the secured unit. In-Service conducted regarding the use of on/off emergency release as well as re-educating staff on the requirements that all staff responsible for evacuation during emergencies must carry release switch keys. Documentation of training obtained.	6/12/24 10/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Brittany Mu — Executive Director — 10/24/2024

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{C 101}	Continued From page 1 responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on September 10, 2024: a. MCU - interview with a MCU Staff member revealed that MCU Staff responsible for the evacuation of the occupants of the locked unit were not carrying the emergency release switch keys. MCU Staff member revealed that the emergency release switch key was located on the med cart.	{C 101}		
{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: 2. 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. Finding on September 10, 2024: a. Front Living Room - the doors are held open with magnetic devices. The doors are not synchronized so that the door with the astragal	{C 189}	Facility Maintenace Director repaired front living room doors to ensure closing and latching during fire alarm.	9/22/24

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{C 189}	Continued From page 2 closes first; so that when the doors were released on the fire alarm, they did not close and latch. 5. 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. New Finding on September 10, 2024: ee. MCU, TV Room - the escutcheon ring for the fire sprinkler head has dropped down from the ceiling, exposing an opening into the attic. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. New Finding on September 10, 2024: a. Front Living Room - the pair of doors to the corridor did not provide positive latching for the door assembly. The inactive leaf was equipped with a manual flush bolt. This requires someone to operate the manual flush bolt to latch the door to the frame. This circumvents the requirement for the door to be self-latching on closing.	{C 189}	Crawford Sprinkler came to the facility to inspect the entire sprinkler system and fix the escutcheon ring. Facility Maintenace Director repaired front living room doors to ensure closing and latching during fire alarm. Community Observations will be conducted on a routine basis by the Executive Director, Maintenance Director or Designee.	9/22/24 9/22/24