Sunrise Senior Living
Plan of Correction Template

Name of Community: Sunrise at North Hills
Address: 615 Spring Forest Rd., Raleigh, NC 27609
License number: Hal-092-218
Inspection date(s): 11/19/20247
Name and Title of Sunrise Representative Signing the Plan of Correction: **Heidi J. Keys, ED**

Signature of Sunrise Representative: Heidi Keys, ED
Date of Submission: 12/20/2024

Regulation	Target Date by Which Correction will be completed	Plan of Correction
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS C101a: Emergency Main release button	11/21/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** Maintenance coordinator (MC) called vendor out to replace switch and the switch was replaced and working properly. **B. With respect to how the facility will identify residents/situations for the identified concerns:** MC or designee to complete monthly rounds when checking door alarms. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director or designee to complete monthly checks when checking door alarms and address any concerns. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT C154a	11/26/2024 12/26/24	**A. With respect to the specific resident/situation cited**: MC Alerting devices have been reactivated and are alerting staff. **B. With respect to how the facility will identify residents/situations for the identified concerns**: MC or designee to complete monthly rounds when checking door alarms.

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SCU main doors not alarming to staff	1/2/25 12/16/24	**C. With respect to what systemic measures have been put into place to address the stated concern:** ED and MC or designee to complete monthly rounds when checking door alarms. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting. .
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT C160 Outside premises not maintained clean and safe.	01/15/2025 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited**: Maintenance coordinator (MC) called vendor for quotes to replace facial; waiting on material TBD estimated 01/15/2025. **B. With respect to how the facility will identify residents/situations for the identified concerns:** MC or designee to complete monthly rounds including outside premises. **C. With respect to what systemic measures have been put into place to address the stated concerns:** ED and MC or designee to complete monthly rounds including outside premises. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	11/19/2024 12/26/24	**A. With respect to the specific resident/situation cited:** MC cleaned residue off wall. **B. With respect to how the facility will identify residents/situations for the identified concerns:**

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C164a Black residue on 3rd floor stairwell behind door	1/2/25 12/16/24	MC or designee to complete monthly rounds to include checking stairwells. **C. With respect to what systemic measures have been put into place to address the stated concern:** ED and MC or designee to complete monthly rounds including checking stairwells. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C164b 3rd floor-stained ceiling tiles outside laundry room.	12/16/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC replaced ceiling tiles. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community to include checking ceiling tiles. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.

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C164c Ceiling tile outside of exist stairway 6, water stain.	12/13/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC replaced ceiling tiles. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community to include checking ceiling tiles. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C164d 2nd Floor Bathtique- Ceiling tiles pushed up over tub	12/13/2024 12/26/24 1/2/25	**A. With respect to the specific resident/situation cited:** MC repaired the ceiling tiles. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely.

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	12/16/24	**D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 1a Electrical 3-45 had one opening at cable; sealed with wrong product.	12/18/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC scraped out the old fire caulk, replaced with approved fire caulk. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and findings will be addressed appropriately. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.

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SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS C189 2a Recess lighting outside stairwell 6	12/12/2024 12/26/24 1/2/25 12/26/24	**A. With respect to the specific resident/situation cited:** MC replaced light fixture. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address any findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 3A 380 closet exhaust fan cover not secure	12/12/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC secured fan cover with new screws. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address finding. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be

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C189 4A Second Floor men's bathroom, toilet seat loose	11/19/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC/designee repaired toilet seat during inspection. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 5A 5B 174 and 176; door did not latch and close	11/26/2024 12/26/24 1/2/25	**A. With respect to the specific resident/situation cited:** MC/designee repaired door for 174 and 176. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely.

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	12/16/24	**D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 6A First floor bathtique toilet seat loose	11/19/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** MC/designee tightened down the toilet seat. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 7A Electrical outlet in room 122 damaged	11/26/2024 12/26/24	**A. With respect to the specific resident/situation cited:** MC/designee replaced the outlet. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings.

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	1/2/25 12/16/24	**C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.
C189 8A 8B SCU Exit signs not illuminated.	12/23/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** Ordered new signs and will be replacing them on 12/23/2024. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.

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SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS C199 A-K Exhaust fans	12/30/2024 12/26/24 1/2/25 12/16/24	**A. With respect to the specific resident/situation cited:** Vendor ordered new exhaust fans and install them by 12/30/2024. **B. With respect to how the facility will identify residents/situations for the identified concerns:** Maintenance Coordinator or designee will conduct monthly walk-through of the interior of the community and address findings. **C. With respect to what systemic measures have been put into place to address the stated concern:** Executive Director and MC and/or designee will conduct monthly maintenance/housekeeping rounds and resolve any concerns timely. **D. With respect to how the plan of correction will be monitored:** The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing variances that may occur. This Plan of Correction will be reviewed at the Quality Assurance Performance Improvement (QAPI) meeting.

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092218	A. BUILDING: **01** B. WING _____	**11/19/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE AT NORTH HILLS	**615 SPRING FOREST ROAD RALEIGH, NC 27609**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 19, 2024. This facility was licensed on March 17, 1998, as a Home for the Aged and is currently licensed for 160 Beds including a 48 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1998 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction 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	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. 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 November 19, 2024: a. East Wing SCU - the central emergency release switch did not release the doors in the unit when tested. The release switches at each door did function to release the door.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the	C 154		

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C 154	Continued From page 2 control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on November 19, 2024: a. SCU - the alarms on the exit doors into the main lobby had been disabled and no longer alarm when the doors are opened.	C 154		
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 are not maintained in a clean and safe condition. Findings on November 19, 2024: a. Front portico - something has hit the edge of the portico denting the fascia trim and damaging the exterior soffit.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 3 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 and ceilings were not kept clean and in good repair. Findings on November 19, 2024: a. Third Floor Stair 2 - there is a black residue on the wall behind the door. b. Third Floor - there are four stained ceiling tiles outside of the Laundry Room. c. The ceiling tile at the light outside of Exit Stair 6 has a 15" diameter water stain. d. Second Floor Bathtique - the grid and two of the ceiling tiles are pushed up into the ceiling over the tub.	C 164		
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.	C 189		

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C 189	Continued From page 4 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. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on November 19, 2024: a. Electrical Room 3-45 - one opening cut to run cables was sealed with an orange foam product which does not meet the fire resistant rating of the ceiling. 2. Observations revealed that the electrical equipment is not maintained in an operating condition. Flickering lights indicate a problem with the fixture which may cause the light to go out and limit visibility in the area. Findings on November 19, 2024: a. Third Floor - the recessed light in the corridor outside of Exit Stair 6 is flickering off and on. 3. 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 November 19, 2024: a. Janitor Closet across from Room 380 - the exhaust fan cover is not secure to the ceiling leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. 4. Observations revealed that the plumbing equipment was not maintained in a safe and	C 189		

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C 189	Continued From page 5 operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on November 19, 2024: a. Second Floor Men's Guest Bathroom - the stall toilet and the seat are loose. This was corrected at the time of survey. 5. 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 November 19, 2024: a. Room 174 - the door did not latch when closed. b. Room 186 - the door did not latch when closed. 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose toilets seats can cause injury from a slip or fall. Findings on November 19, 2024: a. Second Floor Bathtique - the toilet seat is loose. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Broken electrical boxes may cause injury if used. Findings on November 19, 2024: a. Room 122 - the electrical outlet in the bathroom is damaged.	C 189		

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C 189	Continued From page 6 8. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on November 19, 2024: a. SCU Inner Courtyard - none of the exit signs were illuminated. b. There was a pattern of emergency lights and exit signs not illuminating in test mode.	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: 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	C 199		

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SUNRISE AT NORTH HILLS	**615 SPRING FOREST ROAD RALEIGH, NC 27609**

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C 199	Continued From page 7 prevents the dissipation of odors. Findings on November 19, 2024: a. Third Floor Laundry - the exhaust fan is not working. b. Third Floor - there is a pattern of exhaust fans not working on the East side. c. Room 2-38, Soiled Linen - the radiation damper in the exhaust fan is closed and does not allow for the dissipation of odors. d. Second Floor Men's Guest Bathroom - the exhaust fan is not working. e. Second Floor Women's Guest Bathroom - the exhaust fan is not working. f. Second Floor East Wing - there is a pattern of exhaust fans not working. g. Second Floor Laundry - the exhaust fan is not working. h. Second Floor Bathtique - the exhaust fan is not working. i. First Floor Main Laundry - there does not appear to be a working exhaust fan in the main area. j. First Floor Residential Laundry - the exhaust fan is not working. k. Room 146 Bathroom - the radiation damper on the exhaust fan is closed and does not allow for the dissipation of odors.	C 199		