STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096049	A. BUILDING: 01 B. WING _____	11/20/2024

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 20, 2024. Records indicate this facility was first licensed on May 16, 1997. The facility is currently licensed as a 40 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited and a 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the requirements of NFPA 72. All doors that are required to be unlocked by the fire alarm system shall remain unlocked until the fire alarm condition is manually reset. Findings on November 20, 2024: a. The maglocks on all the exit doors re-engaged when the fire alarm panel was placed in silent mode.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Observations revealed that the bathrooms and toilet rooms used by or accessible to residents did not all have hand grips at all commodes. Findings on November 20, 2024: a. 100 Hall Spa - there is not a grab bar at the commode.	C 133	-Facility maintenance director installed a new grab bar at commode on 12/5/24.	12/5/24
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 154		

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C 154	Continued From page 2 (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 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 on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on November 20, 2024: a. The facility is a special care facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer and none of the exterior doors have sounding devices on the doors that is activated when the door is opened.	C 154	• Facility administrator ordered sounding alarms to be installed on all exterior doors. 11/21/24 • Facility maintenance director installed sounding alarms on all exterior doors of community on 12/3/24. 12/3/24	
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;	C 164		

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C 164	Continued From page 3 (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 November 20, 2024: a. 100 Hall Spa - the finishing tape at the wall/ceiling juncture is peeling and detaching from the ceiling. Some of the previous patches are cracking and buckling. There are water stains on the ceiling at at the back corner where the finishing tape is peeling. b. 100 Hall Spa - there are a couple of broken floor tiles at the wing wall of the shower. The shower wall grout around the bottom of the shower is stained dark brown. One of the tiles on the wing wall is sticking out and not flush with the wall. There is a broken tile at the tub end wall and two broken wall tiles to the right of the toilet. c. 100 Hall Spa - the exhaust fans have heavy accumulations of dust. d. 200 Hall Spa - the floor of the shower has a yellow stain that covers about a third of the shower. e. 200 Hall Spa - the finishing tape on the ceiling is splitting and peeling and the wall finish is peeling off on the wall to the right of the shower. f. Activities Director Office - there are small gray spots of microbial growth around the supply vent. g. Kitchen - the ceiling around the supply vent in front of the sinks is chipped and flaking and there are yellow water stains around the vent. 2. Observations revealed that the furnishings were not kept in good repair.	C 164	1a. Maintenance director removed peeling finishing tape from wall/ceiling juncture and repaired with new tape at juncture. water stains were cleaned and painted for good repair. 1b. Maintenance director replaced broken tiles at the wing wall of shower. maintenance director replaced tile that was sticking out and not flush with wall to ensure it was flush. Broken tile at the tub end wall and to the right of the toilet were replaced in 100 hall spa. 1c. Facility maintenance director cleaned exhaust fan of dust to ensure good, working repair.	12/20/24 12/21/24 12/2/24

Continuation of C1164 .0300 Physical Plant 10A NCAC 13F .0306

1d. Facility administrator ordered acidic tile cleaner to remove yellow staining of shower. Facility maintenance director applied tile cleaner to shower, let stand as directed and scrubbed to remove yellowing stain of shower. 12/22/24

1e. Facility maintenance director removed finishing tape on the ceiling and reinstalled for good repair. Wall finish was scraped and new wall finishing applied to ensure good repair. 12/21/24

1f. Facility maintenance director cleaned small gray microbial growth from around supply vent in Activities Director Office. New paint and primer was applied after cleaning / removal of spots. 12/11/24

1g. Facility maintenance director removed chipped / flaking sheetrock around supply vent in kitchen. Yellow water stains were cleaned and new paint / primer applied for good repair. 12/18/24

Darren Smith, Executive Director 12/21/24

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C 164	Continued From page 4 Findings on November 20, 2024: a. 100 Hall Spa - the toilet paper dispenser is broken. b. 100 Hall Spa - the towel bar at the sink is broken leaving the rough metal edges of one of the wall brackets exposed. c. 200 Hall Spa - the toilet paper dispenser is broken.	C 164	2a. Facility maintenance director replaced toilet paper dispenser in 100 hall spa. Good repair 2b. Facility maintenance director replaced broken towel bar in 100 hall spa. Good repair. 2c. Facility maintenance director replaced toilet paper dispenser 200 hall spa.	11/20/24 11/20/24 11/20/24
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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on November 20, 2024: a. Med Room Closet - there are three oxygen bottles in a cardboard carrying case on the shelf. There are two more oxygen bottles on the shelf unsecured. There are two unsecured oxygen bottles sitting on the floor. 2. Based on observation the facility is not maintained free from hazards. If the code	C 166	1a. All oxygen tanks were removed from med room and returned to DME that were no longer in use by 3rd party hospice provider. Facility maintenance director secured oxygen tanks sitting on the floor in an oxygen storage cart. 2a. Facility maintenance director removed items in service hall away from electrical panel and educated dietary	11/21/24 11/20/24

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C 166	Continued From page 5 required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on November 20, 2024: a. Service Hall - there is a metal table and a food cart in front of the electrical panel. The items were moved at the time of survey.	C 166	staff on keeping items from blocking electrcal panel / breaker.	
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 rehearsal records did not include the staff members present. Findings on November 20, 2024: a. There was not a list of the staff members present on the fire drill logs.	C 185	1a. Facility administrator created a staff participation log to be used by facility maintenance director during facility fire drills. 12/20/24	
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	Continued From page 6 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 testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on November 20, 2024: a. The fire alarm panel is showing a trouble signal on the panel. The read out on the panel states "monitor east hallway." Interview with staff revealed that the signal had appeared when a new wireless box was added to the existing fire alarm control panel. 2. 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 November 20, 2024: a. The emergency light at the front entry did not illuminate on test. b. The emergency light outside of the Activity Room did not illuminate on test. c. The emergency light outside of Room 206 did	C 189	1a. Facility maintenance director contacted Cintas Fire in regard to trouble sensor on panel. Cintas Fire found two modules were faulty inside of panel. 2 new modules were installed by Cintas and the panel cleared to normal function.	11/22/24
			2a. Facility administrator ordered emergency lights for facility through supplier on 11/22/24.	11/22/24
			2a. Facility maintenance director installed new emergency light at front entry. Functioning properly.	12/2/24
			2b. Facility maintenance director installed new emergency light outside	12/2/24

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C 189	Continued From page 7 not illuminate on test. d. Dining - the emergency light did not illuminate on test. e. The emergency light over the piano did not illuminate on test. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on November 20, 2024: a. The sprinkler head outside of Room 109 has some yellow fuzz attached to the head. b. 200 Hall Spa - the base of the sprinkler heads and the escutcheon rings are heavily rusted. c. Kitchen - the sprinkler head in front of the hood has a build up of dust on the head. 4. 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 holes or openings through the face of the door. Findings on November 20, 2024: a. Room 111 - there are 1/4" diameter holes through the door above and below the door hardware and the door hardware is loose. b. Room 110 - there are 1/4" diameter holes through the door above and below the door hardware. c. Service Hall - the Kitchen door is missing its hardware leaving a 3" diameter hole through the door. 5. Based on observation there is a failure to	C 189	of activity room. Functioning properly. 2c. Facility maintenance director installed new emergency light of room 200. Functioning properly. 12/2/24 2d. Facility administrator/ maintenance director installed new emergency light in dining room. Functioning properly. 12/2/24 2e. Facility maintenance director installed new emergency light above piano. Functioning properly. 12/2/24 3a. Facility maintenance director removed yellow fuzz from sprinkler head outside of room 109. 12/2/24 3b. Cintas fire was called to obtain a quote to replace rusted sprinkler head and escutcheon rings. Work completed upon 12/19/24	

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C 189	Continued From page 8 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 20, 2024: a. 100 Hall Spa - one of the screws for the exhaust fan grille is backing out causing the grille to hang and leaving a gap in the fire resistant rated ceiling. b. Room 203 - the escutcheon ring on the back sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. 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 November 20, 2024: a. 100 Hall Spa - the door is splitting along the hinge side and the door drags on the floor making it difficult to close. b. Service Hall Kitchen - the door hardware is missing and the door no longer closes and latches. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. To prevent burns, the pressure relief valve should be piped with an approved material to within 6" of the grade below. Findings on November 20, 2024: a. Laundry - the pressure relief valve pipe only extends about six inches below the valve.	C 189	approvae of quote by facility managing company. 3c. Facility dietary manager cleaned sprinkler head in front of kitchen hood to remove dust buildup.	12/1/24 12/21/24 12/21/24 12/1/24

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C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 testing, it was revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 and 116 degrees F. Findings on November 20, 2024: a. Beauty Shop - the water temperature was 138 degrees F.	C 195	5a. Facility maintenance director installed and tightened new screws in exhaust grille in 100 hall spa to prevent a gap in the ceiling. 5b. Facility maintenance director pulled sprinkler head flush with ceiling in room 203 and ensured no gap was present.	12/1/24 12/1/24
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;	C 199	6a. Maintenance director is gathering prices from vendors for new 100 hall spa door. Work to be completed upon approval of pricing. 6b. Facility maintenance director installed new door hardware on service hall kitchen door to ensure proper latching.	12/22/24 12/1/24

Continuation of C189 - Physical Plant 10A NCAC 13F .0311

7a. Maintenance director purchased additional pipe to extend pressure relief valve on hot water heater in laundry room. Maintenance director installed additional pipe to meet the requirements per state regulations. 12/19/24

C195 - Hot water System

1a. Maintenanced director spoke with contractor/plumbing company on 12/19/24 to troubleshoot temperature regulation issue in Beauty Shop. Plumbing company will have to come out to the facility to diagnose and correct water temperature issue. Work to completed after diagnoses of issue and holiday. 12/19/24

Danielle Green Executive Director 12/27/24

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C 199	Continued From page 10 (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 prevents the dissipation of odors. Findings on November 20, 2024: a. 200 Hall Spa - the exhaust fan is not working. b. Laundry Room - the radiation dampers are coated in dust and need to be cleaned to ensure that the fans are working properly.	C 199	1a. Facility maintenance director obtained quotes to repair or replace non working exhaust fan in 200 hall spa. Work to be completed upon approval of quotes from managing company.	12/19/24
			1b. Facility maintenance director cleaned radiation dampers to remove dust coating in laundry room. Dampers are functioning properly.	12/22/24