Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: 01 B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on October 31, 2024. This facility was licensed on 11-17-1997, as a Home for the Aged with 85 beds, including 16 Special Care beds. Based on the above information, we require this facility to meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code - Section 409 Institutional Occupancy-Group I Unrestrained Occupancy. Deficiencies were cited requiring 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, and Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on October 31, 2024: a. SCU 1st FL, Stairway A - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the releasing device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". Where approved, a delay of not more than 30 seconds is permitted. 2. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the components required and or procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the doors. Findings on October 31, 2024: a. SCU 1st FL, Courtyard Exit and the two Gates from the Courtyard - four Staff members were interviewed and only one carried the key to operate the on/off emergency release switches and that staff member's key was broken in half. The NC State Building Code was not complied with, as all Staff did not carry a key to operate the on/off emergency release switches at the exits. 3. Based on observation, the facility failed to meet the Code requirements in effect at the time of alterations by not having code compliant construction required by NC State Building Code.	C 101	The community has contacted and made arrangements with an outside Contractor, Amped 7617 Boeing Dr, Greensboro, NC 27409 336-223-4811. They will make the necessary adjustments to the SCU 1st Floor Stairwell A door as it relates to a visible sign being mounted and the delayed egress will be changed to 15 15-second delay. Completion Date: February 17th, 2025 The community will ensure that team members in the SCU area have the appropriate key with them at all times to operate the on/off emergency release switches. Completion Date: January 18th, 2025	

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C 101	Continued From page 2 Findings on October 31, 2024: a. AL 1st FL, Elevator Equip Room - the room had extruded polystyrene insulating sheathing added to the surface of the existing interior walls. No protective barrier had been installed over this combustible material as required by the 2018 NCSBC section 2603.4.	C 101	The community will install a protective barrier in the 1st-floor elevator equipment room to contain the extruded polystyrene insulation sheathing. Completion Date: February 17th, 2025	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on October 31, 2024: a. AL 1st FL, Right Service Corridor - there were two mattresses, two recliners and a Chester drawer, obstructing the required six feet wide egress pathway to four feet and ten inches.	C 150	The community will ensure that the corridor in the service area is kept clean at all times and will remove any items that is blocking the pathway. Completion Date: 1/3/25	
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.	C 166		

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C 166	Continued From page 3 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 October 31, 2024: a. AL 2nd FL, Nurse Station - six portable oxygen cylinders were standing up on the floor in a shallow plastic crate not properly secured. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could harm all. Findings on October 31, 2024: a. AL 1st FL, Spa - the mounting brackets for the missing towel bar remains attached to the wall. These brackets were rough and had sharp edges, which provides potential to cause harm.	C 166	The community will ensure that when oxygen is brought into the community is stored and secured in the appropriate cylinder rack. The community will conduct weekly audits to ensure that oxygen is stored in the correct manner. Completion Date: 1/18/2025 The community will remove the brackets and add the appropriate towel hooks on the 1st-floor spa area. Completion Date: 1/18/2025	
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, the building was not maintained in a safe and operating condition, because the doors protecting the openings in the smoke barriers did not close completely and latch, to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on October 31, 2024: a. AL 2nd FL, Smoke Barrier near Bedroom 200 - the front leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. b. AL 2nd FL, 100 Hall Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, the fire exit hardware device, did not release the door when the push bar was activated. c. AL 1st FL, Smoke Barrier near Bedroom 100 - the front leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. 2. Based on observation, the doors in the fire-resistance-rated vertical separation (stairway) were not maintained in safe and operating condition. This would affect all by not containing fire and/or smoke from entering the enclosure. Findings on October 31, 2024: a. AL 2nd FL, Stairway B - the Corridor door did not close and latch using its own power. b. AL 2nd FL, Stairway B - there was a hole in the fire-rated Corridor door. c. AL 1st FL, Stairway B - the Corridor door did not close and latch using its own power. d. AL 1st FL, Stairway B - the Corridor door's fire exit hardware was missing its latch cylinder to maintain the assemblies fire rating. e. SCU 1st FL, Stairway A - the Corridor door's	C 189	The community will make the following adjustments to the leaf on the double egress cross corridor doors in the following areas: AL 2nd floor Smoke Barrier near bedroom 200, 2nd AL 100 Hall Smoke Barrier, and AL 1st floor smoke Barrier near bedroom 100 Completion Date: 2/17/2025 The community has contacted and made arrangements with an outside contractor, Seven Oaks to make the necessary adjustments to the following doors: AL 2nd floor Stairway B, the Corridor door, AL 1st floor Stairway B, and the SCU 1st floor Stairwell A. Completion Date: 2/17/2025	

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C 189	Continued From page 5 fire exit hardware was missing its latch cylinder to maintain the assemblies fire rating. 3. Based on observations, the fire-resistance-rated separation and protection of hazardous areas were not maintained in safe and operating condition. This could affect all if smoke/flames were not contained in the room of origin. Findings on October 31, 2024: a. AL 1st FL, Linen Storage (101+ SF) n: Laundry - the corridor door (45 min rated an self-closing) did not close and latch into its fra using its own power. b. AL 1st FL, Bulk Laundry (101+ SF) - the corridor door (45 min rated and self-closing) did not close and latch into its frame, using its own power. c. AL 1st FL, Maintenance Shop - the corridor door (45 min rated and self-closing) did not close and latch into its frame, using its own power. 4. 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 October 31, 2024: a. AL 1st FL, Maintenance Shop - there were two open-ended sleeves with cable bundles not firestopped as they penetrated the fire-resistance-rated wall assembly. b. AL 1st FL, Housekeeping near Stairway B - there was an open-ended sleeve with cable bundle not firestopped as it penetrated the fire-resistance-rated wall and ceiling assemblies. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on October 31, 2024:	C 189	The community will adjust the speed of and latch of the corridor door in the following areas to ensure that it will close appropriately AL 1st floor linen storage near Bulk Laundry, AL 1st Floor Bulk Laundry, AL 1st FL, Maintenance Shop. Completion Date: 2/17/2025 The community will replace and correct by caulking the two open-ended sleeves with cable bundles in the AL 1st-floor maintenance shop. Completion Date: 1/31/2025 The community will order the correct sleeves and caulk for the open-ended sleeve with cable bundle located in AL 1st FL, housekeeping area near Stairway B. Completion Date: 1/31/2025	

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C 189	Continued From page 6 a. AL 1st FL, Fire Side Parlor - the corridor door did not latch into its frame when closed. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 31, 2024: a. AL 2nd FL, Bedroom 206 - there was a multiplug adaptor that does not have integral overcurrent protection, with attached electrical power cords plugged into an electrical power receptacle. b. AL 2nd FL, Bedroom 226 - there was a multiplug adaptor attached to an electrical power receptacle. Facility Staff corrected this deficiency before the Construction Surveyor left the site. c. SCU 1st FL, Exit A - there was a frayed flexible metal conduit between the doorframe and the fire exit hardware. 7. 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 October 31, 2024: a. AL 1st FL, Marketing Office Closet - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling. b. AL 2nd FL, Lifestyle 360 Director Office - the fire sprinkler was missing its escutcheon plate exposing an opening through the fire-resistance-rated ceiling. c. AL 1st FL, Clean Linen - the fire sprinkler escutcheon plate did not cover the complete opening through the fire-resistance-rated ceiling. d. AL 1st FL, Bulk Laundry - a fire sprinkler head was debris-loaded with lint. e. AL 1st FL, Maintenance Shop - the upright fire sprinkler heads, did not extend above the	C 189	The community will adjust and change the speed and latch in the AL 1st floor-Fire side Parlor area. Completion Date: 2/17/2025 The community has removed the multiplug adaptor in room 206 on the 2nd floor in assisted living. The community will complete monthly audits to ensure that this type of adaptor is not in use. Completion Date: 1/18/2025 The community will replace the alarm setup on the SCU 1st Floor Exit A Door. Completion Date: 2/17/2025 The community will add and or replace escutcheon to the flooring areas AL 1st floor marketing office closet, AL 2nd FL Lifestyle 360 Director Office, AL 1st Floor Clean Linen area. Completion Date: 1/31/25 The community will clean the fire sprinkler head in the AL 1st-floor bulk laundry area. Completion Date: 1/31/25	

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C 189	Continued From page 7 tops of the storage tubs. The tubs obstruct the sprinkler's spray pattern. f. AL 1st FL, Kitchen - the fire sprinkler was missing its escutcheon plate exposing an opening through the fire-resistance-rated ceiling.	C 189	The community will remove the storage tubs in the AL 1st FL Maintenance Shop area so it does not obstruct the sprinkler spray pattern. Completion Date: 1/31/25	
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 all if the heater was the ignition source of a fire. The danger increases if used by residents or combustible material is near. Findings on October 31, 2024: a. AL 2nd FL, Lifestyle 360 Director Office -a portable electric space heater was found in this room	C 191	The community will add an escutcheon plate in the AL 1st Floor Kitchen area. Completion Date: 1/31/25 The community removed a portable electric space heater that was found in this area. The community will complete a walk-through monthly to ensure that there is not any portable electric space heater. Completion Date: 1/2/25	