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FRANKLIN MANOR ASSISTED LIVING CENTEF	**100 SUNSET DR YOUNGSVILLE, NC 27596**

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay conducted on December 19, 2024. A review of records indicated this facility was first licensed on July 9, 2013. The facility is currently licensed as a 54 Bed Special Care Unit. Therefore the facility was surveyed for compliance with the applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, and for conformance with the 2005 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 Corrections 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 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 December 19, 2024: a. The emergency override switch at the outer courtyard exit door did not operate to release the door. The door did release with the keypad and the fire alarm.	C 101	The override switch has been fixed Switched was fixed on 3/12/25. Maintenace Supervisor will check override switch weekly to ensure it is working properly.	
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 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 the current sanitation inspection report available for review. Findings on December 19. 2024: a. There was not a copy of the most current Building Sanitation Inspection Report available for	C 111	Administrator reached out to health health inspector on 12/20/24 to retrieve copy of inspection till this day 03/19/25 health inspector has not sent inspection Going forward Administrator will ensure that the report is left before the inspector leave.	

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C 111	Continued From page 2 review.	C 111		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Observations revealed that not all ramps were provided with handrails or guardrails. This affects the safety of residents if they did not have support and protection from falling during evacuations. Findings on December 19, 2024: a. Exit by Room 121 - the exterior landing and ramp are not provided with handrails.	C 152	A contractor was contacted to have ramp and handrail installed. Contractor came out on 3/7/25. JP Weaver is the contractor and indicates repairs will be done by April 21, 2025	
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 control panel for the system shall be located in the office of the administrator or in a location	C 154		

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C 154	Continued From page 3 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 December 19, 2024: a. The interior entry doors to each wing were not equipped with a sounding device that activates when the door is opened.	C 154	Sounding alarms were placed on 2/3/2025 Maintenace supervisor will check alarms weekly to ensure they are working properly.	
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 ceilings were not kept clean. Findings on December 19, 2024: a. There was a pattern of dust accumulating on the radiation dampers in all of the exhaust fans. b. Laundry - there are water stains on the ceiling.	C 164	Ceilings were cleaned on 12/17/24. Maintenace supervisor painted ceilings on	

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C 185	Continued From page 4	C 185		
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 quarterly fire rehearsals did not contain a short description of what the rehearsal involved. Findings on December 19, 2024: a. The fire rehearsal logs did not have a short description of what the rehearsal involved.	C 185	Short descriptions have been added to the Quarterly fire rehearsals on 12/14/24 Going forward Maintenace supervisor and Administrator will ensure that description is completed.	
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 5 This Rule is not met as evidenced by: 1. 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 December 19, 2024: a. The emergency light to the left of the front door did not illuminate on test. b. Azalea Med Room - the emergency light did not illuminate on test. c. None of the exterior emergency lights at the exit doors illuminated on test. d. Beauty Shop - the emergency light did not illuminate on test. e. Kitchen - the emergency light at the door was damaged and no longer illuminates on test. 2. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Residents could release the door locks without notifying the staff if the screamer boxes on the override switches did not alarm. Findings on December 19, 2024: a. Azalea - the screamer box at the entry door did not alarm when opened. b. Magnolia - the screamer box at the entry door did not alarm when opened. The box was damaged and falling off the wall. 3. 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	Batteries were replaced in all emergencies lights that were found on 12/19/24. Lights were fixed and some were replaced on 12/20/2024. Maintenance supervisor will test lights weekly to assure safety of residents and lights are working properly. New screamer boxes were ordered and was replaced on 3/19/25. Maintenace supervisor will check screamer boxes monthly to ensure they are working correctly.	

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C 189	Continued From page 6 not operate when needed to provide fire protection. Findings on December 19, 2024: a. The fire extinguishers are past due for their annual inspection. They were last serviced in November of 2023. 4. 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 December 19, 2024: a. Room 126 - the escutcheon ring on the sprinkler head in the bathroom has dropped leaving a gap in the fire resistant rated ceiling. b. Front Lobby - the escutcheon ring on the sprinkler head in the sloped ceiling above the door has loosened leaving a gap in the fire resistant rated ceiling. 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 holes through the face of the door. Findings on December 19, 2024: a. RCD Office - there are two 1/4" holes through the door above and below the door hardware. b. Room 105 - there are two 1/4" holes through the door above and below the door hardware. 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	C 189	Fire extinguishers were inspected on July 23, 2024, and not due for next inspection until July 2025. New sprinkler head rings were ordered on 3/7/25 and will be replaced by 3/31/25. Maintenance supervisor will check sprinkler heads weekly to ensure they are working properly New doorknobs were ordered are and will be replaced by 3/31/25	

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C 189	Continued From page 7 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 19, 2024: a. Laundry - the door between Laundry and Soiled Utility is hitting the frame and requires excessive force to close. The closer has also been removed so that it no longer closes and latches automatically.	C 189	Contractor came out on 3/7/25. JP Weaver is the contractor and indicates repairs will be done by April 21, 2025.	
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 prevents the dissipation of odors. Findings on December 19, 2024:	C 199	Exhaust ventilation will be fixed by 3/31/25. Maintenace supervisor is awaiting supplies to arrive. Maintenance supervisor will check ventilation monthly to ensure it is working properly.	

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C 199	Continued From page 8 a. There was a pattern of exhaust fans in the common areas, staff and guest bathrooms not working. b. Magnolia - there was a pattern of fans in the resident bathrooms not working. 2. Exhaust ventilation is required to remove objectionable odors or chemical vapors from the facility. Occupants of the facility could be affected if odors or fumes were to permeate beyond the areas or rooms where exhaust fans are required. Findings on December 19, 2024: a. Soiled Utility Room - there does not appear to be an exhaust fan in this area.	C 199	All exhaust fans are in working conditions. Maintenace supervisor checked fans on 3/3/25. Fans are silent and are set on rest mode. Maintenance supervisor will check fans monthly to ensure that they are working correctly. Administrator is awaiting quote for repairs.	