Fax Transmission

Attention to:-

Name: Suzanne Fay
Company:
Fax: 19197336592
Date: 03-24-2025
Time: 04:09:38 P

From:-

Name: Canterbury House
Company: ALG Senior Living
Fax:
Telephone:
Pages: 5

RE: DHSR

Comments/Notes:

Fax Transmission

Attention to:-

Name: DHSR
Company:
Fax: 91917336592
Date: 03-24-2025
Time: 01:54:08 P

From:-

Name: Canterbury House
Company: ALG Senior Living
Fax:
Telephone:
Pages: 4

RE: Suzanna Faye DSHR Construction 2nd attempt

Comments/Notes:

CANTERBURY HOUSE
1284 LEASBURG ROAD
ROXBORO, N.C. 27574
PHONE: 336-330-0108
FAX: 336-330-0112

FAX

TO: Suzanna Fay DHSR Construction FROM: Geraldine Yancey

FIRM: _____ DATE: 3/20/25

FAX: 919-733-6592 PAGES: (INCLUDING COVER) 3

CC: _____

RE: Survey Response

URGENT (FOR REVIEW) PLEASE COMMENT PLEASE REPLY

COMMENTS: Please call Geraldine Yancey, AD. If you have questions or comments.
Thank You

PRINTED: 03/06/2025
FORM APPROVED

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
	HAL073018	A. BUILDING: 01 B. WING _____	R 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANTERBURY HOUSE	1284 LEASBURG ROAD ROXBORO, NC 27573

(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 Complaint Follow Up Construction Survey by Suzanna Fay conducted on February 18, 2025. Not all of the cited deficiencies have been corrected. Therefore, further action is required.	{C 000}		04/30/2025
{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. This Rule is not met as evidenced by: 2. Based on observation, review of documentation and interview, the facility's fire sprinkler equipment is not maintained in operating condition. Failure to maintain fire sprinkler equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire. Findings on February 18, 2025: a. During the Complaint Survey the removed pipe contained an excessive amount of debris. Interview with staff and the local Fire Marshal revealed that a system flush should be conducted when the system was repaired. At this time, the system has not been flushed to determine the amount and type of debris within the sprinkler piping.	{C 189}	WHAT CORRECTIVE ACTION TO CORRECT MGB (LICENSED ELECTRICAL COMPANY) WILL COMPLETE REPAIRS AND ASSURE THE FACILITY'S FIRE SPRINKLER EQUIPMENT IS OPERATING PROPERLY ALWAYS, AND A SYSTEM FLUSH WILL BE CONDUCTED TO DETERMINE THE AMOUNT + TYPE OF DEBRIS IS W/E THE SPRINKLER PIPES 04/30/2025 HOW TO IDENTIFY OTHER LIFE SAFETY ISSUES W/ POTENTIAL SAME DEFICIENCY AND WHAT CORRECTIVE ACTION WILL BE FACILITY MAINTENANCE MGR WILL MEET WITH MGB, FIRE INSPEC. AGENCY, AND EXEC. DIR TO IDENTIFY OTHER LIFE SAFETY ISSUES THAT MAY AFFECT RESIDENTS AND MEASURES TO TAKE TO CORRECT THIS HOW TO PREVENT RECURRENCES: 04/30/2025 FACILITY MAINTENANCE MGR WILL CONDUCT MONTHLY AUDITS TO ENSURE PROPER FUNCTIONING OF EQUIPMENT AND PREVENT REOCCURRENCES. ALSO, MGB WILL DISCLOSE THE AMOUNT AND TYPE OF DEBRIS FOUND W/E FIRE SPRINKLER PIPING, AND MAINTENANCE MGR WILL FOLLOW-UP WITH EXEC. DIR WEEKLY IF THIS RE-OCCURRENCE OCCURS. HOW MONITORED: 04/30/2025 FACILITY MAINTENANCE MGR WILL MONITOR FOR DEFICIENCIES CITED IN THIS SURVEY WEEKLY, DOCUMENT, + NOTIFY MGB IMMEDIATELY, IF THOSE ISSUES RE-OCCURR	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Geraldine Yancey — Administrator — 3/20/25

PRINTED: 03/06/2025
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Division of Health Service Regulation

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THE CANTERBURY HOUSE	1284 LEASBURG ROAD ROXBORO, NC 27573

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