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C 000	Initial Comments Report of a Biennial Construction Section Survey Suzanna Fay conducted on March 20, 2025. This facility was licensed on April 29, 1998 for 100 Beds including a 48 bed Special Care Unit. Based on this information, we are requiring that this facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy. Deficiencies have been 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 is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on March 20, 2025: a. The doors equipped with special locking did not unlock upon actuation of the fire alarm system. 2. 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 on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on March 20, 2025: a. The emergency release at the Nurses station did not unlock the electromagnetically locked doors in the facility. 3. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking	C 101		

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C 101	Continued From page 2 the doors shall have emergency lighting provided at the door. Findings on March 20, 2025: a. Most of the exit doors with special locking did not have emergency lighting at the door or within a reasonable distance from the door.	C 101		
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 current sanitation and building safety inspection reports maintained in the home and available for review. Findings on March 20, 2025: a. The most current Building Sanitation Inspection report was dated June 8, 2021. b. The most current Sprinkler Inspection Report was dated February 27, 2024.	C 111		
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	C 154		

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C 154	Continued From page 3 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 March 20, 2025: a. SCU - interview with staff revealed that the 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 sounding devices on the exit doors activated when the doors were 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	C 160		

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C 160	Continued From page 4 premises were not maintained in a clean and safe condition. Loose railings can cause injury if they do not support the weight of an individual leaning on the rail. Findings on March 20, 2025: a. SCU Front Porch - the railing section with the gate is neither stable nor well supported.	C 160		
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 walls, ceilings and floors are not kept clean and in good repair. Findings on March 20, 2025: a. Outside Electrical Room - there is a black microbial growth all over the walls. b. Community Bath by Room 110 - there is a black growth between the shower floor tiles and in the grout around the perimeter of the shower. There is a presence of soap scum along the bottom of the shower walls. c. Resident Room Bathrooms - there is a pattern of the vinyl floor buckling behind the toilet. d. Community Bath by Room 109 - the floor tiles in the shower are broken and dirty. The shower	C 164		

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C 164	Continued From page 5 walls have a heavy yellow layer of soap scum. e. Room 101 - there is a heavy presence of black mildew on the ceiling and walls of the first closet. f. Staff Bath, right - there is a heavy accumulation of dust on the exhaust fan grille. g. Staff Bath. right - the vinyl floor behind the toilet is buckled. h. SCU - there is a crack in the popcorn ceiling finish outside of Dining. 2. Observations revealed that the furnishings are not kept in good repair. Findings on March 20, 2025: a. Community Bath by Room 109 - the grab bar at the toilet is loose.	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. 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.	C 189		

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C 189	Continued From page 6 Findings on March 20, 2025: a. The fire alarm panel is showing a supervisory issue. Interview with staff revealed that the signal is because there is a leak on the dry system in the attic which has been identified but not repaired. 2. Based on observation the facility's fire safety equipment is not maintained in a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire. Findings on March 20, 2025: a. Riser Room - the accelerator is off. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 20, 2025: a. The right hand door of the cross corridor doors by Room 116 did not completely close when released by the fire alarm. 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 March 20, 2025: a. There is a small hole with a cable protruding out about 1" where a camera was removed outside of the Dining Room doors.	C 189		

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C 189	Continued From page 7 b. Outside Electrical Room - there are two unsealed conduits over the electrical panel on the back wall. c. There is a small hole in the ceiling at the sprinkler head outside of Room 110. d. Shared Bath between Rooms 117 and 119 - the escutcheon ring is missing on the sprinkler head. e. Room 105 - the front sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. f. The escutcheon ring is missing on the sprinkler head outside of Room 207. g. Room 212 - there is a small hole at the sprinkler head in the right closet. h. Room 303 - the sprinkler head in the right closet is missing its escutcheon ring. i. Room 321 - both closet sprinkler heads are missing their escutcheon rings. 5. Based on observation and interview the facility's fire safety equipment is not maintained in operating condition. Failure to maintain sprinkler equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire. Findings on March 20, 2025: a. There is a leak on the dry system located in the attic. The leak has been identified but has not been repaired. b. Kitchen - the sprinkler heads are dirty and corroded. c. There is a pattern of heavily corroded sprinkler heads at the exterior of the building and in the bathrooms. More than fifty heads were identified with corrosion in the February 27, 2024 Sprinkler Inspection Report which have not been replaced. d. Staff Bath, right - there is a coating of dust on the sprinkler head.	C 189		

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C 189	Continued From page 8 e. SCU Med Room - there is a coating of dust on the back sprinkler head. 6. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on March 20, 2025: a. Kitchen - the drain line for the icemaker is extended down inside the floor drain. 7. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on March 20, 2025: a. Kitchen Pantry - the door was tied back with a plastic bag. The bag was removed at the time of survey. b. Room 110 - the door was tied back with twine. This was corrected at the time of survey. 8. 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 not operate when needed to provide fire protection. Findings on March 20, 2025: a. Outside Electrical Room - the fire extinguisher	C 189		

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C 189	Continued From page 9 was last serviced in July of 2023. 9. 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 March 20, 2025: a. Outside Electrical Room - the emergency light did not illuminate on test. b. Community Bath by Room 110 - the emergency light did not illuminate on test. 10. Based on observation electrical equipment has not been maintained in a safe manner. Broken or disabled call bells can harm a resident if they are not able to call for help during a medical emergency. Findings on March 20, 2025: a. Room 118 - the call bell is broken at the first bed. b. SCU Community Bath by Dining - the call bell at the toilet is broken. 11. 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 March 20, 2025: a. Room 111 - the door does not latch when closed.	C 189		