Fax Transmission

Attention to:-

Name: Suzanna Fay
Company: DHSR Construction
Fax: 9197336592
Date: 04-02-2025
Time: 03:40:32 P

From:-

Name: Canterbury House
Company: ALG Senior Living
Fax:
Telephone:
Pages: 14

RE: Survey Response

Comments/Notes:

Please advise if there is any additional information that you all need. Also let us know if there will be a follow up visit.

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

FAX

TO: Sazanna Fay DHSR Construction FROM: Geraldine Yancey

FIRM: _____ DATE: 3/20/25

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

CC: _____

RE: Survey Respone

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
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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
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{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}		04/20/2025
{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(S) 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. 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 MEASURE TO TAKE TO CORRECT THIS. HOW TO PREVENT RECURRENCES. 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/ FIRE SPRINKLER PIPING, AND MAINTENANCE MGR WILL FOLLOW-UP WITH EXEC. DIR WEEKLY, IF HOW MONITORED: THIS ~~REOCCURRENCE~~ RE-OCCURS. FACILITY MAINTENANCE MGR WILL MONITOR FOR DEFICIENCIES CITED IN THIS SURVEY WEEKLY, DOCUMENT, + NOTIFY MGB IMMEDIATELY, IF THOSE ISSUES RE-OCCUR	04/20/2025 04/20/2025 04/20/2025

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Geraldine Yancey	Administrator	3/20/25

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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 February 18, 2025: a. The doors re-locked when the silence button was hit even though the system did not silence. 2. 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, a wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel. Findings on February 18, 2025: a. There was not a wiring diagram or a systems components map at the fire alarm panel.	C 101		2-20-25
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by:	C 153		

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 18, 2025. Records indicate this facility was first licensed on July 25, 1997 for 60 beds. Based on this information, this facility is required to meet the 1996 Regulations for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable components of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code for Institutional Unrestrained Occupancy. Deficiencies were cited and a Plan of Protection 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 153	Continued From page 2 1. Observations revealed that all of the exit door locks were not single hand motion from the inside. Doors that are not easily operable with single hand motion may prevent residents from exiting during a fire or other emergency if they are not able to manipulate the hardware. Findings on February 18, 2025: a. TV Room - the exterior door is not equipped with single hand motion release. b. Dining Room - the exterior door is not equipped with single hand motion release.	C 153	Replace door handles in TV room and Dining Room	2-20-25
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 were not kept in good repair. Findings on February 18, 2025: a. Women's Guest Toilet - the door frame is separating causing damage to the wall. b. Room 102 - the door is rubbing on the floor at the latch side causing damage to the floor. c. Room 306 Bathroom - the walls around the toilet are stained, bubbled and flaking. d. Kitchen - there is water damage in the middle	C 164	a. Corked and mudded around door frame. b. Shaved bottom of door to prevent it from rubbing. c. Scraped and remudded wall. Repainted wall. d. Scraped, remudded and painted.	2-21-25

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C 164	Continued From page 3 of the kitchen ceiling. There is a T-shaped crack with yellow water stains radiating about six inches out on either side of the crack. The finish around the stain is flaking.	C 164		
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 February 18, 2025: a. Oxygen Storage - eleven oxygen bottles were stored in shallow plastic beverage crates without any means of restraint to prevent them from tipping over.	C 166	Replaced with metal racks.	2-24-25
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each	C 175		

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C 175	Continued From page 4 resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that each bedroom or adjoining bathroom did not have a towel bar for each resident. Findings on February 18, 2025: a. Room 306 - one of the towel bars in the adjoining bathroom was broken.	C 175	Replaced broken towel bar.	2-25-25
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 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 February 18, 2025: a. Room 204 - there is a small hole at the base	C 189	a. Corked base of sprinkler head.	2-24-25

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C 189	Continued From page 5 of the sprinkler head. b. Room 206 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. c. Room 203 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. d. 100 Hall - there is a crack in the ceiling across the width of the corridor near the main Lobby. The finish is flaking and the tape is peeling along the edges of the crack. e. Laundry - the sprinkler head over the dryer has dropped leaving a hole in the fire resistant rated ceiling and the escutcheon ring on the head by Clean Linen has dropped. f. Room 302 - there is a gap around the sprinkler head at the front head. g. Room 306 Bath - the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. h. Kitchen Housekeeping - there is a 24 inch square hole cut into the ceiling to repair the sprinkler pipe that burst during a cold snap. The line was repaired but the hole has not been patched. i. Riser Room - there is a partial 2" diameter hole in the ceiling between the riser and the back wall. j. Riser Room - there is a gap around the gas line pipe where it penetrates the ceiling. k. One of the screws holding the exit sign outside of the Nurses Station is backing out causing the sign to hang. 2. 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	C 189	b. Corrected c. Corrected d. Scraped and recorked. e. Pushed ring back up and corked. f. Pushed ring back up. g. Pushed ring back up. h. Hole in the ceiling repatched. i. Patched hole in the ceiling. j. Patched hole around gas line. k. Tightened screw.	2-18-25 2-18-25 2-18-25 2-19-25 2-19-25 2-19-25 2-21-25 2-21-25 2-21-25 2-21-25

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C 189	Continued From page 6 limit the spread of smoke or fire to the area of origin. Findings on February 18, 2025: a. Room 208 - the door is splitting along the hinge side preventing the door from closing. b. Room 103 - the veneer is pulling off of the door on the room side preventing the door from closing and latching. c. Room 107 - the door hardware is loose. 3. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on February 18, 2025: a. Room 306 - the bathroom toilet was not secure to the floor. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Screamer boxes at emergency switches that do not alarm may allow for elopement by not alerting staff that the box has been opened and the switch may have been tampered with. Findings on February 18, 2025: a. Exit by 310 - the screamer box did not alarm when the box was opened. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment could not operate properly to suppress a fire.	C 189	a. Took door off hinge. Nail gun door back to door frame. b. Took door off hinge. Nail gun back to frame. c. Took door off hinge. Nail gun back to frame. Took toilet up. Replaced bolts in the floor. Battery replaced in screamer box.	2-24-25 2-24-25 2-24-25 2-25-25 2-18-25

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C 189	Continued From page 7 Findings on February 18, 2025: a. Riser room - the heads have a green copper oxide color indicating corrosion. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 18, 2025: a. Kitchen - the exit sign over the exterior door did not illuminate on test.	C 189	Talked to Johnson Controls. will come out to replace sprinkler heads. Exit sign replaced.	2-24-25 2-20-25
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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:	C 193		2-18-25

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C 193	Continued From page 8 1. Based on observation and testing, it was revealed that the facility did not have the locking feature turned on the oven in the Activity Room while staff were not present. This presents a danger to the residents if they were to turn the oven on without supervision and cause a fire or burn themselves. Findings on February 18, 2025: a. Activity Room - the locking device was not activated and the oven was able to be turned on. No staff were present In the room. This was corrected at the time of survey.	C 193	Corrected during survey	2-18-25
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 was not maintained between 100 degrees F and 116 degrees F at all fixtures used by residents. Findings on February 18, 2025:	C 195		2-18-20

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C 195	Continued From page 9 a. Beauty Salon - the water temperature was 97 degrees F.	C 195	Turned temperature up. to get temp to 108°	2-18-25
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 February 18, 2025: a. There was a pattern of resident bathroom fans on the 300 Hall not working.	C 199	Fan motor replaced 2-26-25	