STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023046	A. BUILDING: 01 B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on May 1, 2025. Records indicate this facility was first licensed on May 1, 1992 for 64 beds. On April 7, 2000, a change of capacity was approved increasing the total to 74 beds. Based on the above information, the facility is required to meet the 1991 Minimum Standards and Regulations for Homes for the Aged and Disabled, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1991 North Carolina State Building Code, Section 409.1 Group I-Unrestrained Occupancy Deficiencies were cited that require a Plan of Correction.	C 000	"Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
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 fire and building safety inspection reports maintained in the home and available for review. Findings on May 1, 2025: a. The most recent Fire Official's inspection report was dated October 31, 2022. b. Records showed that the sprinkler system had its annual inspection on March 3, 2025 but there	C 111	Facility will obtain records of inspections related to fire and building safety and have them on site for review	

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C 111	Continued From page 1 was not a report available to review.	C 111		
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 there is a failure to maintain the corridors free of all equipment and other obstructions. Corridors must maintain six feet clear for egress. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on May 1, 2025: a. Exit by Laundry - there is a table and two chairs diminishing the width of the corridor to less than six feet and they are overlapping the exit door. b. Exit by Room 22 - a plate had dropped down on the exterior side of the door frame preventing the door from opening. This was adjusted at the time of survey.	C 150	Facility has removed equipment and other obstructions from corridors to maintain six feet of clearance for egress.	
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;	C 160	Facility will repair the trim that has fallen off above the smoking porch	

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C 160	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe manner. Exposed trim can get damaged by the elements and open soffits allow pests to enter the facility. Findings on May 1, 2025: a. A fourteen foot section of the exterior soffit and fascia trim has fallen off above the smoking porch.	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 were not kept clean and in good repair. Findings on May 1, 2025: a. Room 8 - the threshold at the bathroom door has fallen off. b. Small Dining - there is a small 6" diameter brown water stain by the return air vent. c. D Hall Spa - the wall is damaged at the shower and the wallpaper is peeling.	C 164	1. Facility has made the following repairs a. Repaired the threshold that has fallen off b. Repaired the water stain by the return air vent c. Facility is working on the repairs to the D Hall Spa Shower and peeling wallpaper d. D hall Spa Clear of insects e. Room 11 cleared stain f. Activity room- ceiling repaired g. room 14- ceiling repaired and spider webs cleared h. room 22- air vent cleaned 2.Facility has removed the following furniture noted to be not in good repair a. D hall spa- chair removed b. Staff bathroom- dispenser replaced	

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C 164	Continued From page 3 d. D Hall Spa - there is a small infestation of flying insects in the window recess. e. Room 11 - there is a water stain on the ceiling at the left side of the room. f. Activity - an active leak over the desk was repaired but the ceiling is heavily damaged. Patches of the popcorn ceiling finish have fallen off and the sheetrock has large brown water stains. g. Room 14 - there is some damaged ceiling finish with black spots within the damage and there are yellow water stains in the back corner of the room over the bed. There are also a number of spider webs in the corner. h. Room 22 - the return air vent at the door has a heavy accumulation of dust. 2. Observations revealed that the furniture and furnishings were not kept clean and in good repair. Findings on May 1, 2025: a. D Hall Spa - the chair by the window has brown streaks on the seat cushion. b. Staff Bathroom - the toilet paper dispenser is broken leaving the rough metal of the wall brackets exposed.	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	C 189		

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C 189	Continued From page 4 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 facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on May 1, 2025: a. The right hand door of the pair of fire barrier doors by Room 8 is catching on the floor plate and not closing and latching every time. 2. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be affected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on May 1, 2025: a. Room 7 - the door was held open using a wedged device. b. Small Dining - the door was held open using a wedged device. 3. 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.	C 189	1. Facility will complete the following repairs on fire resistant doors a. Floor latch removed cleaned and reinstalled 2. Facility will maintain fire resistant doors in a safe and operable manner by removing unapproved devices or methods used to block open or held open. a. Room 7 b. Small dining	

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C 189	Continued From page 5 Findings on May 1, 2025: a. Clean Linen - a leak has damaged the ceiling at the back wall creating a hole. b. Housekeeping by Guest Toilet - there is an open junction box in the ceiling. c. Kitchen - there is an unsealed conduit penetrating the ceiling to the left of the hood. d. E Hall Electrical Closet - there is an unsealed conduit in the ceiling. 4. 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 May 1, 2025: a. Small Dining - the hinge is loose and the door is rubbing on the frame making it difficult to close. 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 due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on May 1, 2025: a. Kitchen - the sprinkler heads have an accumulation of grease and dust which may affect their ability to suppress a fire in a timely manner. b. Kitchen - the sprinkler head at the dishwashing area is heavily corroded. 6. Based on observation the facility did not maintain electrical emergency/safety lighting	C 189	3. Facility will repair holes or gaps found in fire resistant rated ceilings/doors a. Clean Linen- repaired b. Housekeeping by guest toilet- Jbox covered c. Kitchen- Fire Chaulk Installed d. E Hall electrical closet- fire caulk installed 4. Facility will make repairs to the following areas found to not be in safe operating condition. a. Small Dining- Hinge Repair 5. Facility will make repairs to the fire safety equipment not maintained in operating condition a. Kitchen- Cleaned sprinkler heads b. Kitchen- Replaced sprinkler head	

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C 189	Continued From page 6 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 May 1, 2025: a. Kitchen - the exit/emergency light over the back door did not illuminate on test.	C 189	6. Facility has made the following repairs to fire safety found not maintained and in operating condition a. Kitchen- Exit/light battery replaced.	
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 of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on May 1, 2025: a. There was a pattern of fans not working on the resident halls.	C 199	1. Facility will maintain exhaust ventilation in specified spaces a. Resident halls: Repair/replace fans b. D hall Spa: replace exhaust	

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C 199	Continued From page 7 b. D Hall Spa - the exhaust fan is not working.	C 199		All Facility expected compliance: 06/15/25

Kathy Barnett ED 5/22/2025