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TERRABELLA SALISBURY	**1915 MOORESVILLE ROAD SALISBURY, NC 28147**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on May 14, 2025. Records indicate this facility was first licensed on September 3, 1996 for 128 beds with 36 of those in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 Rules for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were cited that require a Plan of Correction.	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 May 14, 2025: a. The assisted living side (Halls A, B and D) are equipped with delayed egress. All but two of the doors are on timers that lock the doors during the evening hours. The two locked doors did not release when the fire alarm was activated. The other doors could not be tested. b. Hall C is the Special Care Unit (SCU) and is equipped with electromagnetic locks. The doors did not release when the fire alarm was activated. 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. Findings on May 14, 2025: a. The central emergency release did not release all of the doors in the SCU when activated. 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	C 101		

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C 101	Continued From page 2 count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on May 14, 2025: a. All but two of the delayed egress doors in the facility were not equipped with signs indicating that the door can be opened in 15 seconds when pushed. 4. 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. The hold open magnets on the smoke barrier doors shall release the doors so that they will close upon activation of the fire alarm. Findings on May 14, 2025: a. A Hall - the hold open magnets did not release the cross corridor doors when the fire alarm was activated. b. B Hall - the hold open magnets did not release the cross corridor doors when the fire alarm was activated.	C 101		
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:	C 150		

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C 150	Continued From page 3 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 14, 2025: a. D Hall - there is a med cart parked in the corridor outside of the data closet that is reducing the width of the corridor to less than six feet clear.	C 150		
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 premises were not maintained in a clean and safe condition. Findings on May 14, 2025: a. There was a stack of fence rails with protruding nails in a pile outside the covered patio on A Hall. b. A section of the exterior soffit is loose and hanging low near the Dining Room doors leaving openings for pests to enter. c. There was a pattern of rotting, damaged and missing trim on the exterior French doors. d. There was a pattern of chipping and peeling	C 160		

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C 160	Continued From page 4 paint on the exterior doors and windows. e. Dining/Country Kitchen patio - water is ponding on the concrete near the dining room walls.	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 14, 2025: a. B Hall Half Bath - there is an excessive amount of dust on the fan grille. b. Kitchen Housekeeping - there is a heavy accumulation of dust on the exhaust fan grille. c. Kitchen - the corner by Housekeeping is damaged. The finish is chipped off and the metal studs are showing signs of corrosion. d. Kitchen - there is an accumulation of grease on the hood exhaust grilles. e. Room D8 - there are wheelchair tracks staining the floor from the door and through the bedroom. f. Corridor outside Dining - there is a leak above the ceiling that is damaging the ceiling at the Dining Room wall. The ceiling is soft and damp	C 164		

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C 164	Continued From page 5 and flaking along the wall. 2. Observations revealed that the furnishings were not kept clean. Findings on May 14, 2025: a. D Hall Utility Closet - the hopper basin is stained brown with a dark brown liquid around the drain.	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 of all hazards. Staff should have access to unlock doors during an emergency event. Findings on May 14, 2025: a. A Hall Women's Toilet - the lockset on the exterior side of the door was missing which would allow someone to lock themselves in the bathroom.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 6 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 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 May 14, 2025: a. A Hall exit by Laundry - the exit sign did not illuminate on test. 2. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on May 14, 205: a. Activity Room - staff did not have the code to the keypad that electronically opens the exterior door. b. Kitchen - the breakers in Panel K-1 are not labeled. c. SCU Country Kitchen - the light lens is missing from the light near the Kitchen area. 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	C 189		

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C 189	Continued From page 7 origin. Findings on May 14, 2025: a. Activity Room - there is a 1" diameter hole in the ceiling near the corridor door. b. Country Kitchen (AL Side) - there is a 1" diameter hole in the ceiling near the storage closet. c. The finish around the expansion joint in the corridor outside of Room B11 is deteriorating. The trim is pulling loose leaving cracks in the ceiling along the expansion joint. d. There is a 1" diameter hole in the ceiling in the corridor intersection near Rooms B9 and B4. e. Vending Hall - there is a 1" diameter hole in the ceiling near the exterior door. f. SCU - there is a 1" diameter hole in the ceiling outside of Room C16. 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 14, 2025: a. Room A16 - the door requires excessive force to close and latch. b. Room B7 - the door is rubbing on the frame requiring excessive force to close. c. Dining - the right hand door closes before the door with the astragal so the doors do not automatically close and latch when released. 5. Observations revealed that the building was not maintained in a safe and operating condition. Findings on May 14, 2025:	C 189		

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C 189	Continued From page 8 a. Dining - water is seeping under the wall and into the room from the exterior at the back area of Dining on the patio side. Towels were on the floor to absorb the water. 6. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on May 14, 2025: a. Kitchen Housekeeping - the GFCI to the right of the floor sink is tripped and cannot be reset. 7. 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 May 14, 2025: a. Riser Room - the accelerator has been turned off. 8. 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 May 14, 2025: a. The emergency light over the door to Room D4 did not illuminate on test. b. The emergency light by Room C6 did not illuminate on test. c. The emergency light by Room C2 did not illuminate on test.	C 189		

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C 189	Continued From page 9 9. 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 surface of the door. Findings on May 14, 2025: a. C Hall Employee Bath - there are two 1/4" holes through the door above and below the door hardware. 10. 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 May 14, 2025: a. SCU Courtyard - the alarm did not sound when the override switch box was opened. b. Exit by C10 - the alarm did not sound when the override switch box was opened. c. Exit by C12 - the alarm did not sound when the override switch box was opened. d. The alarm worked approximately fifty percent of the time on the master emergency override switch box in the SCU.	C 189		
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	C 195		

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C 195	Continued From page 10 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, the facility failed to maintain the water temperature at all fixtures used by residents between 100 and 116 degrees Fahrenheit. Findings on May 14, 2025: a. Room B7 - the water temperature at the sink was 99 degrees Fahrenheit. b. B Hall Spa - the water temperature at the sink was 98 degrees Fahrenheit.	C 195		
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)	C 199		

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C 199	Continued From page 11 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 14, 2025: a. C Hall Employee Bathroom - the exhaust fan is not working.	C 199		