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
	HAL037002	A. BUILDING: **01** B. WING _____	**07/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATES HOUSE	**11 COMMERCE DRIVE GATESVILLE, NC 27938**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on July 10, 2025. Records indicate his facility was first licensed on June 1, 2015 for 70 beds including a 40 bed Special Care Unit. The facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 North Carolina State Building Code Section 407- Institutional Occupancy Group I-2 (Unrestrained). Deficiencies were cited that require a Plan of Correction.	C 000		
C 033	10A NCAC 13F .0302 (e) Current Sanitation and Fire Safety Inspection 10A NCAC 13F .0302 Design And Construction (e) The facility shall maintain in the facility and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire safety inspection reports available for review. Findings on July 10, 2025: a. There was not a copy of the current Fire Alarm Inspection Report available for review. b. There was not a copy of the current Sprinkler Inspection Report available for review.	C 033	1a & 1b: Fire Alarm Inspection and Sprinkler Inspection completed on 12-17-24. See attached documentation.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director | 8/1/2025

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C 080	Continued From page 1	C 080		
C 080	10A NCAC 13F .0305(h)(4) Physical Env-Entrances/exits wander alarms 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) in facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibits wandering behavior, a continuously sounding device that is activated when the door is opened shall be located on each exit door that opens to the outside. The sound shall be audible in the facility. If a central system of remote sounding devices is provided, the control panel shall be powered by the facility's electrical system, and be in a location accessible by staff to operate the control panel. Notwithstanding the requirements of Rule .0301, the requirements of this Paragraph shall apply to new and existing facilities. 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 July 10, 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 exterior doors have sounding devices on the doors that is activated when the door is opened.	C 080	Sounding horns have been ordered Expected completion by 9/5/2025	

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C 085	Continued From page 2	C 085		
C 085	10A NCAC 13F .0306(m)(1) Physical Env-Outside Premises, Clean, Safe 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. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises are not maintained in a clean and safe condition. Missing siding allows for pests and the elements to penetrate behind the siding. Findings on July 10, 2025: a. Exit by Room 117 - a section of the exterior siding has fallen off just below the attic vent.	C 085	1a- Corrected on 7-11-2025 (in-house)	
C 088	10A NCAC 13F .0306(a)(1) Housekeeping-Clean and repaired 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; (e) Notwithstanding the requirements of Rule	C 088		

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C 088	Continued From page 3 .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean, functional and in good repair. Findings on July 10, 2025: a. There was a pattern of microbial growth on the ceilings around the supply vents along the front side of A Hall. b. RCC Office - there is a twenty-four inch long by twelve inch wide gray water stain on the ceiling near the door and the finish is flaking off in the center of the stain. c. Service Hall - there is a six inch diameter black stain to the right of the hole cut into the ceiling. d. Laundry Room - the wall behind the washers was damaged due to leaking pipes and the repairs have not been completed. e. Room 144 Bath - there is a large brown water stain on the ceiling at the exhaust fan. f. There is a general pattern of dust accumulating on the radiation dampers of the exhaust fans.	C 088	1a- MEP (contractor) to clean, repair, and/or replace ceiling areas with mircobial growth as of 7-28-2025. To be completed by 8-30-2025. 1b- To be repaired by Maintenance Director (in-house) by 8-8-2025. 1c- Stain cleaned by Maintenance Director (in-house) on 7-11-25. Ceiling to be repaired by 8-8-2025. 1d- Corrected in house on 7-14-2025. 1e- MEP (Contractor) to clean, repair, and paint. To be completed by 8-30-2025. 1f- Housekeeping (in-house) cleaned exterior vents on 7-28-25 through 7-29-25 and Maintenance (in-house) to clean the interior of vents. To be completed by 8-8-2025.	
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards 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) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new	C 092		

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C 092	Continued From page 4 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 July 10, 2025: a. SCU Med Room - there were two oxygen bottles on the floor without any means of restraint. This was corrected at the time of survey. 2. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on July 10, 2025: a. SCU Med Room - a large rolling records rack was parked in front of the electrical panels. The rack was moved at the time of survey.	C 092	1a- Corrected on 7-10-2025 (in-house) 2a- Corrected on 7-10-2025 (in-house)	
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 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.	C 121		

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C 121	Continued From page 5 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. Findings on July 10, 2025: a. The fire alarm panel was in trouble mode indicating trouble on a smoke detector in Room 217. 2. 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 July 10, 2025: a. The screamer alarm on the override switch at the front door did not alarm when opened. b. There was a general pattern of the screamer boxes not alarming when opened. 3. 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 July 10, 2025: a. There was a pattern of interior emergency lights that did not illuminate on test. b. There was a pattern of exterior emergency lights that did not illuminate on test. c. SCU Dining - two of the emergency lights did not illuminate on test.	C 121	1a- waiting for smoke detectors to come in stock. To be corrected by 8-30-2025 per life safety provider** 2a- Corrected on 7-11-2025	

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C 121	Continued From page 6 4. 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 July 10, 2025: a. AL Courtyard - the exit sign over the courtyard door is not illuminated. b. The exit sign over the cross corridor doors by Vending did not illuminate on test. c. SCU Courtyard - the exit sign over the entry door is damaged and not illuminated. The plastic letters have all been broken out. d. SCU - the exit light by Clean Linen is not illuminated. e. SCU Dining - one of the exit signs did not illuminate on test. 5. 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 July 10, 2025: a. Riser Room - the accelerator has been turned off. 6. 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 July 10, 2025:	C 121	#'s 3 & 4: replacement units ordered on 8/1. Maintenance will install in-house by 8-15-2025. 5a- Accelerator replaced by Summit Fire Safety on 7-24-2025.	

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C 121	Continued From page 7 a. Service Hall - a thirty-six inch square cardboard patch is covering a hole cut into the ceiling to conduct repairs. Interview with staff revealed that they will be installing an access panel in the opening. b. Outside Dryer Room - there is a small hole in the ceiling caused by moisture damage behind the dryer duct. c. There is a gap at the base of the sprinkler head outside of Room 143. 7. 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 July 10, 2025: a. Laundry Room - the rated corridor door is equipped with an automatic closer. The door was propped open with a chair and when released, the door hits the frame and does not automatically close and latch. 8. 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 or gaps through the surface of the door. Findings on July 10, 2025: a. Dietary Manager's Office - there is a quarter inch hole through the door at the door hardware. b. Physical Therapy - there is a quarter inch hole through the door at the door hardware. c. Room 235 - there is a quarter inch hole through the door at the door hardware. d. There is a quarter inch hold through the	C 121	6a- to be completed by MEP (Contractor) by 8-30-25. 6b- to be completed by MEP (Contractor) by 8-30-25 6c- to be completed by MEP (Contractor) by 8-30-25 7a- corrected on 7-11-25 (in-house) 8a- Corrected on 7-11-25 (in-house) 8b- Corrected on 7-11-25 (in-house) 8c- Corrected on 7-11-25 (in-house) 8d- Corrected on 7-11-25 (in-house)	

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C 121	Continued From page 8 Kitchen door to the SCU.	C 121		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation 10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. 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 July 10, 2025: a. The exhaust fans in the facility were not working to dissipate moisture and odors.	C 131	1a- Exhaust systems inspected on 7-25-25 by B&M (contractor)and multiple broken belts were found along with units being turned in the off position. Belts to be replaced by 8-15-25 by maintenance (in-house). Type text here	