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	HAL017054	A. BUILDING: **01** B. WING _____	**08/13/2025**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 13, 2025. A Construction Section Biennial Follow Up Survey was conducted at the same. Deficiencies remaining from that survey have been included in this report. A Construction Section Complaint Follow Up Survey was conducted at the same time and those deficiencies will be sent in a separate report. Records indicate that Caswell House was first licensed on February 14, 2006, as a Home for the Aged. The Facility is currently licensed for 100 beds with 42 of the beds designated as a Special Care Unit. Based on this information the facility is required to meet the 2004 Rules for the Licensing of Adult Care Homes, the applicable components of the 2025 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 (w/revisions) North Carolina State Building Code for Group I-2 - Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 024	10A NCAC 13F .0301(2) Physical Plant-Existing meet Rules in effect 10A NCAC 13F .0301 Application Of Physical Plant Requirements Adult Care Homes shall apply the following physical plant requirements: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or alteration.	C 024		

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C 024	Continued From page 1 This Rule is not met as evidenced by: 1. 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 August 13, 2025: a. SCU - there is an emergency override switch located and identified in the Nurses Station. The switch did not release any of the electromagnetic locks when flipped.	C 024		
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: Returning deficiencies: 1. Based on record review, the facility does not have an approved current fire and building safety inspection report. Findings on August 13, 2025: a. Review of the most recent Fire Marshal's inspection report revealed the inspection was performed on March 25, 2024.	C 033		

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C 033	Continued From page 2 b. Review of report for May 30, 2024 consultation inspection by the Fire Marshal revealed the Fire Marshal's requirements for the facility to be taken off of Fire Watch. The Fire Marshal's May 30, 2024 report states that "A registered design professional is required to inspect the system and make repairs as required. A letter is then to be submitted to the inspection department. The letter shall detail the repairs that were completed."	C 033		
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	C 080		

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C 080	Continued From page 3 opened when there is at least one resident who is disoriented or a wanderer. Findings on August 13, 2025: a. SCU - the doors exiting into the Assisted Living side were not equipped with a sounding device on the door. b. SCU Exit by 316 - the door was not equipped with a sounding device on the door. c. SCU Exit by 215 - the door was not equipped with a sounding device on the door.	C 080		
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 .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 furnishings were not kept clean and functional. Findings on August 13, 2025: a. Room 604 Bath - the toilet paper dispenser is broken. b. Rooms 607/609 Bath - the shower mat has black mildew stains on the bottom side of the mat. c. Room 513 - the toilet paper dispenser is broken. d. Room 401 - the bathroom door does not close	C 088		

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C 088	Continued From page 4 due to humidity in the room causing the door to swell. e. Rooms 208/210 Sitting Area - a prior leak at the sink has left the interior of the cabinet stained and there is a spot of mildew on the floor of the cabinet. There is also water damage on the outside wall of the base cabinet and the laminate finish on the right edge of the counter is peeling off. 2. Observations revealed that the walls, ceilings and floors are not maintained in a clean, safe and functional manner. Findings on August 13, 2025: a. Rooms 608/610 Bath - moisture has seeped under the vinyl floor at the toilet creating a dark gray stain around the base of the toilet. b. Room 513 - there is one 12" x 12" floor plank missing in the corner of the bedroom leaving the concrete floor exposed. c. Room 401 - the vinyl plank flooring has white stains at the edges from water seeping into the joints due to building leaks. Moisture has migrated under the flooring at the toilet leaving a dark gray stain at the base of the toilet. d. Dining - the ceiling finish is cracked and splitting at the bulkhead near private dining due to sprinkler leaks. The finish is splitting and peeling over the exterior door and near the Kitchen doors by the supply air vent. e. Kitchen - there was a heavy build-up of grease on the kitchen hood vents and suppression equipment. f. Beauty Salon - the ceiling is flaking around the sprinkler head. g. Room 315 - there are yellow water stains on the ceiling in the bathroom and in the bedroom from old sprinkler leaks. h. Room 214 - there is a coating of black mildew	C 088		

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C 088	Continued From page 5 spots along the latch side of the door. The room could not be accessed to determine the source. i. The corridor floor outside of Private Dining is buckled and cracked creating a trip hazard.	C 088		
C 089	10A NCAC 13F .0306 (a)(2) Housekkeping-Odor 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (2) have no persistent and recurring odors that are considered by the residents to be unpleasant; (e) Notwithstanding the requirements of Rule .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 facility had persistent and recurring unpleasant odors. Findings on August 13, 2025: a. Room 502 - there is an unpleasant odor of urine coming into the corridor from the room. b. Storage by Room 405 - there is a sewer gas odor in the room. Staff noted that they had flushed and cleaned the hopper but the hand sink appears to have not been used recently.	C 089		
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	C 092		

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C 092	Continued From page 6 hazards; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility free from hazards. 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 August 13, 2025: a. The emergency release switches at the exit doors were equipped with heavy gauge twist ties that required excessive force or a cutting tool to remove. 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 August 13, 2025: a. 400 Hall Electrical Closet - there was a cleaning cart stored in front of the electrical panels. 3. 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 August 13, 2025: a. 500 Hall Oxygen Storage - there are three tall	C 092		

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C 092	Continued From page 7 oxygen bottles stored in a shallow plastic tray without any means of restraint to prevent them from tipping over.	C 092		
C 102	10A NCAC 13F .0306(b)(7) Housekeeping-bedroom furnish,towel, towel bar 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth, and towel bar in the bedroom or an adjoining bathroom; (e) Notwithstanding the requirements of Rule .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 each bedroom or adjoining bathroom did not have a towel bar for each resident. Findings on August 13, 2025: a. Room 406/407 Bath - one of the towel bars was broken. b. Rooms 508/510 Bath - one of the towel bars is partially ripped off the wall damaging the wall. c. Room 202 Bath - the towel hook is broken off of the wall.	C 102		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 10A NCAC 13F .0311 Other Requirements	C 121		

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C 121	Continued From page 8 (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. This Rule is not met as evidenced by: Deficiencies remaining from the previous Construction Section Biennial Survey: 1. Based on observation, interview, and record review, the facility has not maintained all fire safety equipment in a safe and operating condition. This would expose all occupants of the building if there was a fire and there was not a functioning fire sprinkler system. Findings on August 13, 2025: b. Interview with the Administrator revealed that the facility is currently on a fire watch due to not having final approval from the Fire Marshal to cease the fire watches. 2. Based on observation, not all electrical equipment was being maintained in a safe and operating condition. Findings on August 13, 2025: a. Based on interview and observation, the generator remote annunciator revealed an alarm that the generator was not in automatic start mode. Staff stated that the starting batteries would not hold a charge so the generator is not functioning. New Deficiencies: 3. Based on observation the facility's fire safety equipment is not maintained in a safe and operating condition. Accelerators in the off	C 121		

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C 121	Continued From page 9 position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire. Findings on August 13, 2025: a. Riser Room - the accelerator is turned off. 4. 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 August 13, 2025: a. Room 604 - the smoke detector is chirping indicating a low battery. b. Room 409 - the smoke detector is chirping indicating a low battery. c. SCU Women's Dining - there are two detectors removed from their base near the bulkhead leaving the wires dangling. 5. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on exterior electrical devices expose the electrical components to the elements. Findings on August 13, 2013: a. 600 Hall Front exit - the protective cover for the exterior outlet to the left of the door is broken off. 6. Based on observation and interview, it was revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on August 13, 2025: a. 600 Hall - the air handlers for the corridor and	C 121		

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C 121	Continued From page 10 common areas are not working. b. Kitchen - the air handler for the Kitchen is not working. c. Some of the empty rooms' PTAC units were not working causing a build-up of heat and humidity. Staff stated that they had received the new units and was getting ready to install them. d. Laundry - the air handler for the Laundry Room is not working. 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 August 13, 2025: a. 600 Hall Living Room - the left door rubs on the frame requiring excessive force to close. b. SCU, Room 109 - a latch cover was installed on the door but it is rubbing on the frame making it difficult to open and close the door. 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Cracks and holes in the shower floors allows for water to seep down into the subfloor. Findings on August 13, 2025: a. Rooms 508/510 Bath - there is a 12" long crack in the shower floor that was filled but the patch is failing and there is a new 6" long crack branching out from the original one. 9. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations	C 121		

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C 121	Continued From page 11 through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on August 13, 2025: a. The sprinkler head in the corridor outside of Suite 507/509 has shifted and there is a gap in the fire resistant rated ceiling. b. Dining - the sprinkler head near the exterior door is missing its escutcheon ring leaving a gap in the fire resistant rated ceiling. c. Laundry - the escutcheon ring on the sprinkler head by the dryer has dropped. d. Med Room - there is a 1 1/2" hole in the ceiling at the light. e. SCU - there is an unsealed WiFi cable outside of Room 306. f. SCU Spa - one of the screws holding the fan cover up is missing and the cover is hanging leaving a gap in the fire resistant rated ceiling. 10. 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. Hood suppression systems should be inspected every six months. Findings on August 13, 2025: a. Kitchen - the service tag on the hood suppression system indicated that the last inspection was in November 2024. 11. 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	C 121		

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C 121	Continued From page 12 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 August 13, 2025: a. Dining - the side door was wedged open with a stack of cardboard. b. Beauty Salon - there is a kickdown installed on the door. 12. 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 August 13, 2025: a. Activity Room - the screamer box did not alarm when opened. 13. Based on observation and testing, not all of the electrical call system equipment was maintained in operating condition. Faulty call bells place residents in danger by not alerting staff during an emergency. Findings on August 13, 2025: a. Room 401 - the call system was not working in this room when tested. 14. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Wall mounted sinks that are detaching from the wall could cause injury if the sink failed to support the weight of the occupant. Findings on August 13, 2025: a. Room 315 Bath - the sink is not secure to the	C 121		

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C 121	Continued From page 13 wall. 15. 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 August 13, 2025: a. SCU Living Room - there was a heavy layer of dust on the sprinkler head near the right entry door. b. SCU - there was a white material wrapped around the sprinkler head outside of Room 202. 16. 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 August 13, 2025: a. Room 214 - there is a 1/4" diameter hole through the door above and below the door hardware. b. Room 216 - there is a 1/4"diameter hole through the door above and below the door hardware. 17. 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 August 13, 2025:	C 121		

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C 121	Continued From page 14 a. The cross corridor doors by Room 401 did not close and latch when released together with the fire alarm.	C 121		
C 128	10A NCAC 13F .0311(d) Other- Hot Water between 100-116 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, 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 testing, the hot water supply to resident fixtures was not maintained between 100 degrees F and 116 degrees F. Findings on August 13, 2025: a. 200/300 Halls - the water temperature at the bathroom sink in Room 315 did not reach above 90 degrees F. Interview with staff revealed that there were issues with the water temperatures on these halls and staff would turn on multiple fixtures to get the water temperature within the acceptable range.	C 128		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation	C 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL017054	A. BUILDING: **01** B. WING _____	**08/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 131	Continued From page 15 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 prevents the dissipation of odors. Findings on August 13, 2025: a. 100 Hall - the exhaust fans do not appear to be working. b. SCU Spa - the exhaust fan is not working.	C 131		