STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023004	A. BUILDING: **01** B. WING _____	**03/18/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPENVIEW RETIREMENT HOME	**112 PONY BARN ROAD LAWNDALE, NC 28090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 3-18-2015. Records indicate this facility was in operation at least by August 3, 1973, and was licensed sometime prior. The facility is currently licensed for 24 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy.	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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation the facility failed to meet	C 101		

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C 101	Continued From page 1 the provisions of Section 516.1(c) 1. of the 1967 NC State Building Code and Section III, C. 4 of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm. Findings include: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the following locations; a. Employee ½ bathroom located off the corridor, b. Resident ½ bathroom located off the corridor near room 4, c. Resident ½ bathroom located off the corridor near room 7, d. Resident ½ bathroom located off the corridor near room 8, e. Resident ½ bathroom located off the corridor near room 9, f. Resident ½ bathroom located off the corridor near room 11.	C 101		
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: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		

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C 166	Continued From page 2	C 166		
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 exterior exit paths were not maintained uncluttered and free of obstructions. Findings include; a. There was an above ground 4 inch drain pipe extending entirely across the exit path from the exit near room 8. b. The exit ramp at the left end of the facility was obstructed with a chair, a trash can and a bucket. 2. Based on observation, the drain trap for the hopper was dry. Drains that are allowed to become dry can allow noxious and combustible gases to enter the facility.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of	C 185		

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C 185	Continued From page 3 social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, there was no description on the fire drill records of what the fire drill involved.	C 185		
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 were 2 duct mounted smoke detectors are installed in the attic but no access doors were provided to allow inspection and maintenance. Duct detectors that are not periodically inspectioned and cleaned may not work in an actual fire. 2. Based on observation the required one-hour fire rated wall separating the facility attic from the attic over the front porch was damaged. Damaged fire rated walls that are not sealed with materials approved for use in one-hour fire rated	C 189		

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C 189	Continued From page 4 construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: The gypsum joint compound and tape was falling off some of the joints in the attic fire rated wall above the front porch. 3. Based on observation the corridor was not maintained in a safe smoke resisting condition. Finding includes; The door know was loose and therefore not smoke tight on the corridor door to the shower room near room 8. 4. Based on observation, the fire safety features protecting the facility corridor have not been maintained in a safe manner. This could affect all residents and staff if the corridor became unusable for evacuation in the event of a fire emergency. Findings include; The facility is equipped with forced air HVAC systems consisting of supply air registers in the bedrooms and other spaces off the corridor and centrally located return air registers in the corridor. The result is that the HVAC systems are using the corridor as a return air plenum making it more likely that smoke will migrate into the exit access corridor if the systems continue moving air during a fire/smoke event. At the time of the survey, it was not determined whether or not the HVAC systems shut down and stop moving air upon activation of the fire alarm system in order to minimize the potential for smoke to migrate into the exit access corridor. At the time of the survey, it was not determined whether the corridor was protected by a complete smoke detection system consisting of smoke detectors within 15 feet of the end walls and a	C 189		

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C 189	Continued From page 5 maximum of 30 feet between smoke detectors. 5. Based on observation there was a hasp on the closet door in bedroom 11. Latching hardware that can only be operated from one side of the door, such as hasps, present the possibility that someone could be trapped in the space.	C 189		
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan was not working in the ½ bath off the corridor near room 11.	C 199		

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C 119	Continued From page 6	C 119		
C 119	Bathrooms-Hand Grips C. The Building 3. Arrangement and size of rooms. Each home shall provide: f. Bathrooms and/or toilet rooms (7) Hand grips shall be installed at all tubs, showers, and commodes. This Rule is not met as evidenced by: Based on observation there was no hand grip provided at the toilet in the bathroom off room 1. The absence of a hand grip could cause a resident to fall.	C 119		