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	HAL013042	A. BUILDING: 01 B. WING	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COUNTRY HOME	2908 COUNTRY HOME ROAD CONCORD, NC 28025

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on May 6, 2015. Records indicate that the Facility was first licensed or submitted for licensure on or about December 1, 1964. On or about March 27, 1987 an increase in capacity was submitted or approved for 25 residents bringing the total beds to Forty (40) Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm; the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; the 1967 North Carolina State Building Code Section 516(c); and the 1978 North Carolina State Building Code, Section (Rev 8), Section 409.1. Physical plant deficiencies were noted which 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	C 101		

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C 101	Continued From page 1 "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: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not having corridor doors that are 1 ¾ inches and of solid core construction. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on May 6, 2015: a. The following corridor doors where 1 3/8 inch thick and of hollow construction. Locations of specific examples include but are not limited to: i. Bathroom near Bedroom 18, ii. Bathroom near Bedroom 22, iii. Bathroom near R2,	C 101	Will Consult with Bldg. Owner	7/30/15
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and	C 133		

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C 133	Continued From page 2 maneuverability at the fixtures. Findings on May 6, 2015: a. There were no hand grips (grab bar) for the commodes, tubs and showers in the following locations to include but not limited to: i. Commode in Bath Room near Bedroom 18,	C 133	Hand grip bar shall be installed	8/15/15
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors clean and in good repaired. Findings on May 6, 2015: a. In the following rooms, the floor tiles were chipped, cracked, or broken in the Bath Room near Bedroom 18 b. Under most PTAC units in the new wing, the joints in the vinyl tile were excessively large.	C 155	All Broken tiles to be replaced Vinyl joints to be adjusted	8/15/15 8/15/15
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		

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C 160	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on May 6, 2015: a. Multiple sidewalks have non-sloped, vertical changes in the walking path, creating tripping hazards b. A large hole in the yard near Bedroom 4. A hole in the yard could be a hazard to residents and staff during an emergency evacuation in low light conditions. c. Several downspouts were missing, allowing large quantities of rainwater to fall onto the surface below. Possibly wetting and entering the walls and collecting on horizontal surfaces instead of being channeled away from the building.	C 160	Consult Bldgowner Maint. Director filled hole in yard. Consult Bldg. Owner	7/30/15 6/10/15 7/30/15
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. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation,	C 164		

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C 164	Continued From page 4 grilles. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on May 6, 2015: a. The return HVAC grille, had an excessive accumulation of dust/lint across from bedroom 8. 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on May 6, 2015: a. In the large Living Room, there was a hole in the wall behind the door where the door knob had hit it. b. The ceiling was stained and the paint is peeling in the large Living Room from a past leak. c. The carpet was stained and dirty in the large Living Room. 3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on May 6, 2015: a. In the Telephone Room, a rag had been stuff into an abandoned waste line in an attempt to close it. This is not a permanent solution as sewer gases could make their way into the Building. b. In the right Staff Toilet, the commode's trap was dried-up, allowing sewer gases for entering the Building. 4. Based on Observation, the Building was not kept clean and in good repair, because some building components fell to function as originally intended or are missing. This could affect all residents, staff and visitors if a component does	C 164	HVAC Grille properly Cleaned. 5/14/15 Hole has been repaired 6/10/15 Ceiling to be cleaned and painted 8/15/15 Called carpet to go for new carpet to be installed by 8/15/15 Sewer line should be properly Capped 8/3/15 Commode trap full of water 5/14/15	

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C 164	Continued From page 5 not work properly or is missing limiting use of equipment/spaces. Findings on May 6, 2015: a. Insects could enter the Dining Room because the exit door to the outside would not hatch.	C 164	Diningroom exit Door strike plate has been Adjusted - Door latching.	5/15/15
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 Building plumbing equipment was not maintained in a safe manner by not have required properly working parts. This could affect all residents, staff and visitors by not protecting them from unexpected broken or missing parts. Findings on May 6, 2015: a. The hot and cold water control valves were reversed for the sink in Bathroom near Bedroom 18, 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, and grilles. This could affect all residents, staff and visitors if insect or vermin could enter the building. Findings on May 6, 2015: a. The PTAC units cover was laying on the ground outside of Bedroom 3	C 166	Hot AND Cold water valves corrected PTAC unit covers already installed	5/15/15 5/15/15

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C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on May 6, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags.	C 183	All corrected - And monthly inspection performed	5/30/15
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities.	C 184		

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C 184	Continued From page 7 This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on May 6, 2015: a. Most mounted evacuation diagram were improperly oriented. b. In the Old Wing the evacuation diagram has you egressing though the laundry which has a locked door.	C 184	Old wing evacuation route properly egressing.	5/15/15
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 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: 1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building.	C 185	All fire drills and quarterly done and kept in red fire book in Adm Office -	5/15/15

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C 185	Continued From page 8 Findings on May 6, 2015: 1. There was no documentation of first shift's rehearsal for the second, third and fourth quarters, second shift's rehearsals for the third quarter, and third shift's rehearsals for the second, third and fourth quarters of the last 12 months.	C 185	All was in ADM office and kept in Red Book for review- this was reviewed By Dennis Howelson 5/6/15	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on May 6, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester at the following locations to include but not limited to: i. Bathroom between Bedrooms 13 and 14,	C 188	new GFCI receptacle to be installed 8/15/15	
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	C 189		

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C 189	Continued From page 9 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 observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 6, 2015: a. There were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly in the Electrical Room in the Med Room b. The ceiling had an unprotected gap around metal conduit penetrations in the Electrical Room, c. In the Outside Mech Room, there were no flanges on the ducts penetrating the ceiling assembly. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on May 6, 2015: a. The back leaf of the cross-corridor doors in the firewall did not latch when the fire alarm system released the doors. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the	C 189	All ceiling penetrations around Cables to be fire chaulked - 6/10/15 All conduit penetrations to be Chaulked (fire) 6/10/15 will consult BIO's owner on flanges 6/30/15 Fire Door latching hardware to be installed 8/30/15	

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C 189	Continued From page 10 smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on May 6, 2015: a. One of the leafs, of the cross-corridor doors, in dining, had an astragal that was loose and did not provide a smoke tight seal between the meeting edges of the doors, 4. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on May 6, 2015: a. The following rooms are equipped with a hook and eyelet in addition to the latching doorknob. If a resident needs assistance and the hook and eyelet are latched, staff would difficulty-securing access to the room. Locations of specific examples include but are not limited to: i. Bathroom near Bedroom 18, ii. Telephone room, iii. Bathroom near Telephone Room, 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 6, 2015: a. Since the semi-annual maintenance of the	C 189	fire door astragal 8/30/15 to be properly sewed. these devices shall be removed 6/10/15 OVER →	

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C 189	Continued From page 11 commercial kitchen hood's fire extinguishing system in December 2014, there has been no record keeping of the monthly inspections. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. Findings on May 6, 2015: a. In the Electrical Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space, b. In the Pantry, many items are being stored directly in front of the electric disconnect switch, encroaching upon the required clear working space, c. In the Electrical Room, the electrical panel did not have blank covers for the open slots, thus allowing access to energized components not guard against accidental contact. 7. Based on observation, the building was not maintained in accordance with NC Electrical Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard. Findings on May 6, 2015: a. The exterior light, near the exterior Laundry Room door, was dangling from the soffit with exposed connections not enclosed in a junction box. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.	C 189	Semi Annual inspection done in June 2015 And monthly Performed 6/10/15 Items moved away from Electrical panels 6/1/15 All items in pantry were moved away from electric Dis Connect switch 6/1/15 Panel covers to be installed 8/30/15 Exterior light to be properly Boxed 8/30/15	

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C 189	Continued From page 12 Findings on May 6, 2015: a. The exit sign near Bedroom 3 had inappropriate chevrons graphics that misrepresent the way out of the building during an emergency and was hanging by one screw. 9. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on May 6, 2015: b. There was a 1/4 inch diameter holes through the door beside the door latching device in Bathroom near Bedroom 22 and Bedroom 3 10. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors, if equipment in disrepair injury someone. Findings on May 6, 2015: a. The electrical power outlet was missing it cover plate in the Med Room. 11. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components felled to function as original intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on May 6, 2015: a. The doorknob was loose and may not function properly when used at Bedroom 3.	C 189	New exit Sign to be installed 1/4 Holes in Doors to be properly sealed with fire Chalk Door Knob properly tightened	8/15/15 6/10/15 6/1/15

PRINTED: 06/18/2015
FORM APPROVED

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
	HAL013042	A. BUILDING 01 B. WING _____	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COUNTRY HOME	2908 COUNTRY HOME ROAD CONCORD, NC 28025

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C 197	Continued From page 13	C 197		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 failed to maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels were lower than required, as traversing the space become more difficult and tripping/falling could increase. Findings on May 6, 2015: a. The light fixtures were not working and there were no windows. Locations of specific examples include but are not limited to: i. Electrical room in the Med Room, ii. Janitors Closet.	C 197	New light fixtures to be installed -	8/15/15