STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
IAL068020	A. BUILDING 01 B. WING	09/11/2015

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
The Carol Woods Retirement Community	750 Weaver Dairy Road Chapel Hill, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C189	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, the two delayed egress gates on the courtyard were not maintained in a safe manner. Findings include: a) The two delayed egress gates in the courtyard have no signage indicating the gates are delayed egress. NOTE: Maintenance installed temporary signage on both gates while on site. 2. Based on observation, the main exit door does not have a working manual override switch for the magnetic lock. Findings include: The main exit door which is equipped with special locking has a keyed manual override switch to manually release the maglock that does not work.	C 189	C189 - Item 1.a a. Corrective action: Corrected during inspection as noted. b. Identify other areas: This signage was placed on all gate locations having delayed egress locking. c. Measures in place to ensure no reoccurrence: There is currently a facility safety inspection process in place. This inspection item has been added to the inspection criteria. d. Corrective action monitored: Manager will conduct follow-up quality assurance checks behind maintenance staff to ensure proper PM outcomes. a. Corrective action: a manual override switch will be installed as indicated. b. Identify other areas: there are no other areas of this type. This special locking system was installed at original construction in 2002 and has been this way since that time. c. Measures in place to ensure no reoccurrence: This has been added to existing preventive maintenance program. d. Corrective action monitored: We will work with designers of future installations to comply with applicable codes.	9/11/2015 10/26/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See *reverse for further instructions.*) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ACH Administrator	10/6/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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C189	3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The attic smoke barrier wall over the cross corridor doors at room 6102 has unprotected penetrations by cable. b. In the attic next to the smoke barrier wall at room 6102 rated enclosures for the fluorescent fixtures have unprotected penetrations by flex conduit. c. The exterior Hot Water/Mechanical room has unprotected ceiling penetrations by PVC pipe. NOTE: PVC pipe 2 1/2 inches in diameter or larger requires a "fire collar" or similar system for protection. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 4. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: Room 6103 has an oxygen bottle that is not secured in a holder.	C 189	a. Corrective Action: a.) Cable penetration fire stopped. b) fluorescent fixture openings fire stopped. c) ceiling penetration fire stopped. b. Identify other areas: All other similar areas were inspected, and no other fire stop issues were identified. c.) Measures in place to ensure no reoccurrence: This item has been added to existing PM program. d) Corrective action monitored: There is currently a facility safety inspection process in place. This inspection item has been added to the inspection criteria. Item 4: a. Corrective action: On the day of inspection, oxygen cylinder in Room 6103 was moved to oxygen storage racks. b. Identify other areas: We have inspected other areas and found no re-occurrence c. Measures in place to ensure no reoccurrence: Signs have been posted and staff will receive training. d. Corrective action monitored: This item is part of the facility safety inspection process.	9/14/2015 9/11/2015 10/26/2015

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C191	Unvented & Portable electric heaters prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13f .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 electrical system was not maintained in a safe manner by allowing the use of a portable electric heater. Findings include: The Bathing Room has a portable electric heater.	C 191	a. Corrective action: The electric heater was removed from the building. b. Identify other areas: All other areas were checked and no electric heaters were identified. c. Measures in place to ensure no reoccurrence: Staff will receive training not to use these devices. d. Corrective action monitored: This item is part of the facility safety inspection process.	9/11/2015

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