

PRINTED: 11/17/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2015
NAME OF PROVIDER OR SUPPLIER ST ANDREWS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 246 CABARRUS WEST CONCORD, NC 28025		
(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 This is a Report of a Biennial Construction Survey conducted by Greg Cates on October 13, 2015. Based on information gathered from our files, the Facility was first licensed on February 2, 1987 for Twenty-Four (24) residents. An addition constructed in 1996 increased the total resident capacity to Fifty-Six (56) Beds. Based on this information, we are requiring the original facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code (Rev 8), Section 409- Institutional Occupancy-Unrestrained. Also, we are requiring the 32-bed addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1991 North Carolina State Building Code (1995 Rev), Section 409.1 Institutional Occupancy, Unrestrained. Both buildings are being required to meet the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.	C 000 C000	AGREE	12/30/15
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 observations, the facility has failed to maintain proper support for all oxygen containers. This may affect all occupants of the building as the bottles could fall over or roll around,	C 166 C166	Oxygen cylinders are placed in proper case ordered through Hospice	10/13/15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Signature

Signature

STATE FORM

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120221

If continuation sheet 1 of 3

Shura Carberry Administrator *11/30/2015*

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C 189	Continued From page 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has not maintained the plumbing system safe and operating. Findings include: a- The commode in the Handicap Bath is loose at the connection to the floor and there is water present. 2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- Many of the Resident Room corridor doors in the addition do not close completely and latch due to the carpet reducer strip being too high.	C 189	1 a) Comode was tightened AND Resealed 2 a) 7 bedroom doors Are being replaced with a thinner reducer Strip	10/14/15	12/4/15