STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034062	A. BUILDING: 01 B. WING	01/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE II	6441 HOLDER ROAD CLEMMONS, NC 27012

(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 Construction Section Biennial Survey by Dennis Harrell on 01/04/2017. Records indicate this facility was first licensed on 6-3-1997, for 66 beds. Therefore, the facility is required to meet the 1995 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1998 North Carolina State Building Code Section 403.1- Group I.	C 000		
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; (6) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked within 6 inches of the ceiling in the oxygen room.	C 166	Section .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS 1. The facility will ensure that the home is maintained and in an uncluttered, clean and orderly manner, free of all obstructions and hazards. The materials stacked on the top shelf that Were within 6 inches of the sprinkler head were re-distributed to ensure they were more than 18 inches from the sprinkler head. The Maintenance Director understands this rule. This was completed 2/9/2016. Maintenance Director will monitor for compliance.	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 2/21/17

FORM 6899 M87R21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034062	A. BUILDING: 01 B. WING	01/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE II	6441 HOLDER ROAD CLEMMONS, NC 27012

(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 185	Continued From page 1 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: Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185	EVACUATION 1. The maintenance Director is informed of this rule. Text was added to the fire drill form 2/9/2017 to include a short description of how the fire was simulated. The Executive Director will continue to review the fire drill forms on completion for accuracy.	
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, the exit door at the end of B Hall is becoming difficult to open. Exit doors that will not open easily could delay or prevent an evacuation in an emergency.	C 189	BUILDING EQUIPTMANT MAINTIANED SAFE, OPERATING Section .0300-PHYSICAL PLANT 10A NCAC 13F.0311 OTHER REQUIREMTNS 1. The door sweep for the exit door at the end of B hallwas brought up in order to be able to open and shut freely. This was completed 2/7/2017 by Maintenance Director.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034062	A. BUILDING: 01 B. WING	01/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE II	6441 HOLDER ROAD CLEMMONS, NC 27012

(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 189	Continued From page 2 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Two unsealed conduit sleeves through the ceiling of the bathroom off the Administrator's office, b. Unsealed penetrations through the ceiling in the communication room, c. Hole around smoke detector in the Bistro, d. Ceiling HVAC register in the Business office not protected by a listed ceiling radiation damper, e. Sprinkler escutcheons not tightly fitted to the ceiling in the pantry and in soiled linen. 3. Based on observation, several corridor doors do not close and latch properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The door to bedroom 13 would not latch when closed. b. The door to bedroom 14 would not latch when closed. c. The door to bedroom 15 would not latch when closed. d. The door to bedroom 18 would not latch when closed. e. The door to the mechanical room on D Hall does not fit the opening properly to be resistant to the passage of smoke. 4. Based on observation, the battery powered	C 189	2. (a) The two unsealed conduit sleeves through the ceiling in the Administrators office were sealed with fire retardant calk 2/8/2017 by Maintenance Director. (b) unsealed penetrations through ceiling in communication Room were sealed with fire retardant calk 2/8/2017 by Maintenance Director. (c) The hole around the smoke detector in the Bistro was sealed with fire retardant calk 2/8/2017 by Maintenance Director. (d) The facility will insure that the Ceiling HVAC ceiling register in Business office will be protected by a listed ceiling radiation damper will have a radiation damper installed by Air/Heat Mechanical services by 2/17/2017. (e) Sprinkler escutcheons in pantry and soiled linen were raised by Maintenance Director and Wishon Carter, Contractor. 3. (a) The door to bedroom 13 was repaired 2/9/2017 and latches securely. (b) The door to bedroom 14 was repaired 2/8/2017 and now latches securely. (c) The door to bedroom 15 was repaired 2/9/2017 and now latches securely. (d) The door to bedroom 18 was repaired2/8/2017 and now latches securely. (e) The door to the mechanical room on D hall was adjusted to fit the opening to properly be resistant to the passage of smoke and weather stripping was also added, This was completed 2/8/2017. Maintenance Director will use checklist monthly to check doors and Executive Director will audit to ensure cojmpliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034062	A. BUILDING: 01 B. WING	01/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE II	6441 HOLDER ROAD CLEMMONS, NC 27012

(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 189	Continued From page 3 emergency light in the nurse station would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189	4. Battery was replaced on the emergency light in nurses station 2/8/2017 by Maintenance Director and is in good working order. Maintenance Director will use monthly Executive Director will audit to ensure compliance.	