STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: **01** B. WING _____	**03/22/2017**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harell on 3-22-2017. Records indicate this facility was first licensed on 6-25-1997, for 101 residents. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	C 000		
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 most recent sprinkler system inspection report was dated 2-3-2016. Sprinkler systems must be inspected and approved annually as required to ensure it can operate properly in an actual fire.	C 111		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are:	C 135		

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C 135	Continued From page 1 (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: Based on observation, the corridor bath/shower room beside the nurse station in Special Care is being used for soiled linen storage. Note: In addition to violating the Rule regarding storage, the soiled linen must be stored in a 1 hour fire rated room equipped with a 45 minute rated door and frame and associated hardware (auto closure) as required by the NC State Building Code for soiled linen storage rooms.	C 135		
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 kitchen staff was unaware of the location of the range hood fire suppression pull. Adequate training is required to ensure they can locate it in an emergency. 2. Based on observation, the exit near room 125 open into a small courtyard surrounded by a fence with 2 key locked gates. Most staff did not carry keys to the gates. Note: The SIC, Business office Manager, had the	C 166		

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C 166	Continued From page 2 gates unlocked and stated they would remain unlocked until a more permanent solution was reached. 3. Based on observation there was a hasp and padlock on the outside of the door to the "Employee Store." Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 4. Based on observation, an extension cord was being used in place of permanent wiring in the maintenance office. Extension cords are intended for temporary use only. 5. Based on observation, staff was unsure how to operate the fire alarm system. There must be staff available at all times that are familiar with the fire alarm system. 6. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 7. Based on observation, a wall drain was not properly capped where a sink had been removed in the cable room near the conference room. Improperly capped drains can allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

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C 185	Continued From page 3 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of last year, there was no rehearsal done during the 1st shift. b. In the 4th quarter of last year, there was no rehearsal done during the 3rd shift. 2. Based on a review of documents, most of the records available onsite included no description of what the rehearsal involved. 3. Based on a review of documents, some of the records available onsite did not include a list of the staff participating.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 4 (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, many corridor doors are prevented from closing quickly and latching 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. One of the smoke barrier doors near the 1st floor elevator did not close or latch when activated by the fire alarm system. b. One of the smoke barrier doors near the coffee parlor did not close or latch when activated by the fire alarm system. c. One of the smoke barrier doors on other side of the coffee parlor did not close or latch when activated by the fire alarm system. d. One of the smoke barrier doors near the 2nd floor elevator failed to latch when closed. e. One of the smoke barrier doors near the Conference room failed to latch when closed. f. The door to the soiled lined room has a 45 minute frame as required, but the required 45 minute fire rated door has been replaced with a 1 3/8 inch thick hollow door. g. The fire rated door to the beverage room near the kitchen was wedged open. h. The one-hour fire rated door to the kitchen was blocked from closing by a trash can. i. The door to room 111 would not latch when	C 189		

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C 189	Continued From page 5 closed. j. The door to room 145 would not latch when closed. k. The door to room 240 would not latch when closed. l. Both of the doors to the day room in Special Care were blocked from closing by chairs. m. One of the doors to the Activity room in Special Care was blocked from closing by furniture. n. One of the doors to the 2nd floor community room was propped open. o. The other door to the 2nd floor community room was wedged open. p. The door to room 124 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several 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. Unsealed penetrations in the wall in the 2nd floor electrical room near the maintenance office, b. Unsealed penetrations (4) in the ceiling of the cable room near the conference room, c. A portion of the one-hour wall had been removed between the one-hour rated Biohazard room which has a 45 minute fire rated door and frame and the adjacent storage closet which has an unrated door and frame, d. Unsealed penetration in the wall of the Electrical Equipment room near the kitchen, e. Penetration in elevator room sealed with unrated foam, f. Unsealed penetration in the wall of the telephone room,	C 189		

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C 189	Continued From page 6 g. Sprinkler escutcheon missing or not tightly fitted to the ceiling in the closet off Special Care dining room and the janitor's closet near the laundry. 3. Based on observation, battery powered emergency lights 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. Mal-functioning lights include the following areas: a. Exit corridor on the 2nd floor near clean linen storage, b. Main electrical room.	C 189		