STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068020	A. BUILDING: 01 B. WING _____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAROL WOODS RETIREMENT COMMUNI	750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514

(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 Ed Miller on August 16, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 12 residents on October 28, 2002. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code Section 407- Institutional Occupancy, Group I-2. Deficiencies were cited that 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 "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 at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with	C 101	C101-1.a. a. Corrective action: During the The survey all staff received a Key to the special locking System. b. Identify other areas: There are Other location at this facility That have special locking, all Other staff have keys. c. Measures in place to insure no reoccurrence: Staff will be trained and randomly checked, by the supervisor, for the key on their person while on shift. d. Corrective action monitored for no reoccurrence: The building supervisor will maintain a calendar to periodically challenge the staff for the presence of this key	8-16-17 8-16-17 9-18-17 8-16-17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068020	A. BUILDING: 01 B. WING _____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAROL WOODS RETIREMENT COMMUNI	750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514

(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 101	Continued From page 1 Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with "Special Locking" Arrangements. Findings on August 16, 2017: a. Courtyard Gate - the "Special Locking" locked gate has a metal-keyed emergency release switch, with only one of two staff having keys. All staff responsible for evacuation of the locked unit must carry keys at all times. The gate did unlock on fire alarm system activation and use of the adjacent key pad. Deficiency corrected before Construction Surveyor departed site.	C 101	C189 – 1.a. a. Corrective action: The light Fixture were remounted To the ceiling during the Survey. b. Identify other areas: A second Location is present at the Facility. c. Measures in place to insure no reoccurrence: This item added to our facility inspection forms / process and will be monitored. We have also this to our computerized Preventive Maintenance (PM) Program. d. Corrective action monitored for no reoccurrence: The Maintenance Manager will Monitor the inspection report And PM process for compliance.	8-16-17 8-16-17 9-19-17 9-18-17
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on August 16, 2017: a. Patio - two light fixtures had dropped down not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyor departed	C 189	C189 – 1.b. a. Corrective action: fire sprinkler escutcheon ring was replaced at time of inspection. b. Identify other areas: We have identified all areas at the facility. c. Measures in place to insure no reoccurrence: We will add this work item in our computerized PM Program. d. Corrective action monitored for no reoccurrence: The Maintenance Manager will spot check the PM work to make sure it is carried out.	8-16-17 8-16-17 9-18-17 9-18-17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068020	A. BUILDING: 01 B. WING	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAROL WOODS RETIREMENT COMMUNI	750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514

(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 site. b. Backflow Preventer Room - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling. Deficiency corrected before Construction Surveyor departed site. c. Backflow Preventer Room - there is an 18 inch x 14 inch hold not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyor departed site. d. Trash room - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling. Deficiency corrected before Construction Surveyor departed site	C 189	C189 – 1.c. a. Corrective action: The 18 inch x 14 inch hold in the ceiling was from ongoing project work. A fire rated sheet rock patch was installed at time of inspection. b. Identify other areas: There are no other areas at this time. c. Measures in place to insure no reoccurrence: We will add this type of work in our written "Contractor Responsibilities While Working at Carol Woods". We will work to make sure openings in rated ceilings are temporarily closed at the end of the work day. d. Corrective action monitored for no reoccurrence: Work will be monitored each day and/or contractor will be consulted to insure this temporarily work is completed. C189 – 1.d. a. Corrective action: fire sprinkler escutcheon ring was replaced at time of inspection. b. Identify other areas: We have identified all areas at the facility. c. Measures in place to insure no reoccurrence: We will add this work item in our computerized PM Program. d. Corrective action monitored for no reoccurrence: The Maintenance Manager will spot check the PM work to make sure it is carried out.	8-16-17 8-16-17 9-18-17 9-18-17 8-16-17 8-16-17 9-18-17 9-18-17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068020	A. BUILDING: 01 B. WING _____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAROL WOODS RETIREMENT COMMUNI	750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514

(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 199	Continued From page 3 plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on August 16, 2017: a. Housekeeping - the required exhaust ventilation system did not work, and there was odor. Deficiency corrected before Construction Surveyor departed site. b. Public Bathroom - the required exhaust ventilation system did not work, and there was a slight odor. Deficiency corrected before Construction Surveyor departed site. c. Women - the required exhaust ventilation system did not work, and there was a slight odor. Deficiency corrected before Construction Surveyor departed site.	C 199	C199 – 1.a. b. and c. a. Corrective action: A defect in the exhaust fan system (malfunctioning fire damper) was found and corrected during the inspection. b. Identify other areas: There is one other exhaust fan system in these facilities. It was checked and is OK. c. Measures in place to insure no reoccurrence: We have added this specific inspection point to our computerized Preventive Maintenance (PM) Program. d. Corrective action monitored for no reoccurrence: The Maintenance Manager will Monitor the inspection report And PM process for compliance.	8-16-17 8-16-17 9-18-17 9-18-17