STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068021	A. BUILDING: 01 B. WING _____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROL WOODS RETIREMENT COMMUNITY - I	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 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 Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 16, 2017: a. Pair of Smoke Barrier Doors - the leaf closest	C 189	C189 – 1.a. a. Corrective action: One of a pair of smoke barrier doors did not latch: the malfunctioning door closure was repaired during the inspection. 8-16-17 b. Identify other areas: all other smoke barrier doors were located and tested. 8-16-17 c. Measures in place to insure no reoccurrence: We have this in our computerized Preventive Maintenance (PM) Program. 9-19-17 d. Corrective action monitored for no reoccurrence: The Maintenance Manager will Monitor the inspection report and PM process for compliance. 9-18-17 C189 – 2.a. a. Corrective action: Exterior Mech Room - there is a gap behind (2) 2 ½ inch conduits: the area was sealed up with fire rated wallboard and 3M Intumescent fire stop. 8-16-17 b. Identify other areas: All piping penetrations in other mechanical rooms in the building were checked and no other problems were located 8-16-17 c. Measures in place to insure no reoccurrence: We have this in our computerized Preventive Maintenance (PM) Program. 9-19-17 d. Corrective action monitored for no reoccurrence: The Maintenance Manager will Monitor the inspection report and PM process for compliance. 9-18-17	

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C 189	Continued From page 1 to the exterior, did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyor departed site. 2. 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. Exterior Mech Room - there is a gap behind (2) 2 ½ inch conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyor departed site. 3. Based on Observation, the corridor doors were not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 16, 2017: a. Bedroom 7108 - the corridor door had a trashcan holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyor departed site.	C 189	C189 – 3.a. a. Corrective action: Bedroom 7108 - the corridor door had a trashcan holding the door open.: The door hinges were adjusted so that the door will stand open by itself without being propped open. 8-16-17 b. Identify other areas: all of the room doors in the building were look that and found to be operating properly. 8-18-17 c. Measures in place to insure no reoccurrence: This room door will be placed on the Computerized preventive maintenance schedule to be periodically checked for proper operation. 9-19-17 d. Corrective action monitored for no reoccurrence: The Maintenance Manager will Monitor the inspection report And PM process for compliance. 9-18-17	