STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092096	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF RALEIGH	**4801 EDWARDS MILL ROAD RALEIGH, NC 27612**

(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 a Construction Section Biennial Survey by Billy S. Bryant and Frank Strickland conducted on 10/11/2017. This facility was first licensed on 02/27/2017. The facility is currently licensed for 100 Beds with a 46 Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to keep them from falling or being knocked over may present a danger to the occupants of the facility. Findings on 10/11/2017: a. 2nd Floor Room #207 - Oxygen bottle were not stored in a plastic rack that may not prevent them	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092096	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF RALEIGH	**4801 EDWARDS MILL ROAD RALEIGH, NC 27612**

(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 166	Continued From page 1 from falling or being knocked over. Note: Corrected while the surveyor was on site. b. 100 Hall, Room #104 - Oxygen bottles were not stored in a storage and were sitting upright on the floor where the could could fall or be knocked over.	C 166		
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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in the event of a fire. Finding on 10/11/2017: a. Special Care unit - When tested the audible function of the audio/visual fire alarm devices did not work. b. Kitchen Mechanical Closet - The duct detector sampling tube was clogged with dust. 2. Based on observation there is a failure to	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092096	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF RALEIGH	**4801 EDWARDS MILL ROAD RALEIGH, NC 27612**

(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 maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Finding on 10/11/2017: a. 2nd Floor Care Manager's Office - Where the fire sprinkler pipe penetrates the fire resistant rated ceiling there is hole where the fire sprinkler head is missing its escutcheon. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. This could expose the occupants of the facility to fire if the equipment could not properly operate to suppress the fire. Findings on 10/11/2017: a. 3rd Floor S.C.U. Care Manager's Office - On the closet's top shelf items were stored within 18" of the fire sprinkler head 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin. Findings on 10/11/2017: a. Mechanical Room Adjacent to Rooms #112 and #219 - Gaps at pipe penetrations at the ceiling are sealed with an expandable foam type of insulation material that is not fire resistant rated. 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092096	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF RALEIGH	**4801 EDWARDS MILL ROAD RALEIGH, NC 27612**

(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 exits were not illuminated during a power outage. Finding on 10/11/2017: a. 3rd Floor - In the exit stairwell the wall mounted emergency light near the roof access did not work on battery power when tested. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if signs indicating exit paths could not be seen in the event of an emergency evacuation. Finding on 10/11/2017: a. 3rd Floor Exit Corridor - The illuminated exit sign should indicate the direction to the exit if viewed from either direction of travel. On one side of travel the exit sign has a blank cover.	C 189		
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.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092096	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF RALEIGH	**4801 EDWARDS MILL ROAD RALEIGH, NC 27612**

(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 4 This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain the exhaust ventilation equipment. Finding on 10/11/2017: a. Laundry - The exhaust fan is not working. b. 3rd Floor S.C.U. - The central exhaust system is not working.	C 199		