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	HAL077012	A. BUILDING: 01 B. WING _____	05/23/2018

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HERMITAGE RETIREMENT CENTER	139 MALLARD LANE ROCKINGHAM, NC 28379

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on May 23, 2018. Records indicate this facility was first licensed on 05/27/1988. The facility is currently licensed for 114 Beds with a 54 Beds 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 1978 (revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. 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	C 101	see attachments Phase 1	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/27/18

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operating "Special Locking System" on the exits that prevent free egress. This could affect all persons if they cannot egress quickly through these exits during an emergency. Findings on May 23, 2018: a. SCU Exit Door - the emergency release switch on these doors are not an on/off switch, but momentary switches, which automatically relocks after a few seconds of activation. b. Main Entrance into SCU - this exit door has a magnetic lock installed and the emergency release switch requires a metal key to operate. Interview with staff in the area revealed that they do not have metal keys to operate the emergency release switch. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. 2. Based on observation, the facility failed to meet the 1978 Cule requiring Corridor doors to be 1 ¾ inches solid core wood construction or equivalent. This could affect all residents, staff, and visitors if smoke/fire is not contained in Room of origin. Findings on May 23, 2018: a. Anson Community Nutrition Station - the corridor door was 1 3/4 inches thick and of hollow construction.	C 101		

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C 143	Continued From page 2	C 143		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on May 23, 2018: a. Anson Community Bio Hazards Room near Bedroom 3 - the corridor door is not lock area and there are bio hazardous substances present.	C 143		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the building was not equipped with stable handrails and guardrails at	C 152		

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C 152	Continued From page 3 steps, porches, stoops, and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on May 23, 2018: a. Moore Community Right Exit - the about 12 feet handrail on both side has been removed for repairs.	C 152		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on May 23, 2018: a. Right Side near Moore Community - there is lots of furniture waiting for removal. b. Richmond Community Courtyard - the bottom rail of the wooden fence is bending outward creating a tripping hazard. . c. Back Side near Basement - there is lots of mattress, cover, and equipment waiting for removal.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 4 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on May 23, 2018: a. Anson Community Soiled Linen near Bedroom 3 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Anson Community Janitor Closet near Bedroom 5 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. c. Kitchen Janitor Closet - the ventilation grille with its radiation damper have an excessive accumulation of dust/lint. 2. Based on observation, the building electrical systems are not kept clean and in good repair. Findings on May 23, 2018: a. Anson Community Storage near Bedroom 7 - there is no working lighting in this room and there is no windows. b. Anson Community Bedroom 18 - the ceiling mounted light is not working to illuminate this room. 3. Based on observation, the building walls are not kept clean and in good repair. Findings on May 23, 2018: a. Bedroom 9 Bathroom - there is a hole in the Bathroom door.	C 164		

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C 164	Continued From page 5 b. Bedroom 13 - there are three holes in wall. c. Anson Community Community Bathroom - the ceramic tile wall base has detached from the wall and water is entering the wall. d. Bedroom 18 - the vinyl wall base is coming off the wall. e. Bedroom 18 - the wall is marred up. f. Middle Section Exterior Mech Room -an equipment leak has wet the floor and the leak has traveled under the wall. This gypsum wall has absorbed some of this water and now has mold growth. This water may have migrated into the adjacent room. g. SCU Main Entrance - the alarmed protective cover over the "Special Locking Systems" emergency release switch is not secured to the wall. h. Moore Community Community Bathroom - the front shower's wall is damaged. i. Richmond Community Yellow Sitting Room - there is a hole in the wall behind the door. 4. Based on observation, the building ceilings are not kept clean and in good repair. Findings on May 23, 2018: a. Bedroom 13 - the textured ceiling is detaching from the ceiling in several small areas. b. Women near Carolina Commons - the textured ceiling is detaching from the ceiling in several small areas. c. SCU Laundry Chute Room - there is a ceiling leak in this room. d. Moore Community Community Bathroom - the textured ceiling is detaching from the ceiling in several areas. e. Richmond Community Community Bathroom - there is mold on the ceiling. 5. Based on Observation, the facility failed to keep plumbing systems clean and in good repair.	C 164		

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C 164	Continued From page 6 Findings on May 23, 2018: a. Anson Community Community Bathroom - the tub drain is clog and about an inch of water has not drained. Deficiency corrected before Construction Surveyors departed site. b. Anson Community Community Bathroom - the shower surround is not clean and has mold growth. c. Anson Community Community Bathroom - the shower is missing a showerhead. d. Men near Carolina Commons - the faucet is not secured to the sink and is leaking onto the floor. e. Men near Carolina Commons - the connection of the commode to the floor is loose, and leaking water onto the floor. f. Scotland Community Bio Hazards - the sink is not connected to the waste water system and water is on the floor g. Scotland Community Bio Hazards - the faucet is not secured to the sink. h. Scotland Community Community Bathroom - the shower surround is not clean and has mold growth. i. SCU Time Clock Room Bathroom - the connection of the commode to the floor is loose. j. Richmond Community Community Bathroom - the shower is missing a showerhead. 6. Based on observation, the building floors are not kept clean and in good repair. Findings on May 23, 2018: a. Moore Community Diaper Room - the VCT floor tiles are coming unglued from the floor.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 7 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 Building was not maintained free of hazards, because general maintenance is not being done or has not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on May 16, 2018: a. Bedroom 1 Bathroom - the mounting brackets for a removed towel bar remain attached to the wall. These brackets have rough and sharp edges, which could cause injury. b. Bedroom 13 Bathroom - the mounting brackets for a removed towel bar remain attached to the wall. These brackets have rough and sharp edges, which could cause injury. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on May 23, 2018: a. Bedroom 8 - a portable medical oxygen cylinder is stored standing up on the dresser not secured. b. SCU Oxygen Storage - seven portable medical oxygen cylinders are stored standing up in a beverage crate and six portable medical oxygen cylinders are stored standing up in a cardboard crate. Both crates are not secured. 3. Based on observation, the Building plumbing	C 166		

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C 166	Continued From page 8 equipment was not maintained in a clean and orderly manner free if hazards. Findings on May 23, 2018: a. Kitchen - the ice machine drain is piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on May 23, 2018: a. Bedroom 13 - this double occupancy bedroom and adjoining bathroom has only one-towel bar.	C 175		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C	C 183		

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C 183	Continued From page 9 or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on May 23, 2018: a. Activity Office on Anson Community - the documentation of the portable fire extinguisher's monthly inspections stopped in January 2018.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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 Record review and interview with Administrator, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter.	C 185		

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C 185	Continued From page 10 Findings on May 23, 2018: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on May 23, 2018: a. Beauty Shop - the electrical power receptacle that is within six feet of the sink, did not provide ground fault protection. b. SCU Residents Porch - an exterior electrical power receptacle does not provide ground fault protection.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 11 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 Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on May 23, 2018: a. Basement Laundry - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires. 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 of origin. Findings on May 23, 2018: a. Bio Hazard Room near Bedroom 3 - the ventilation system base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. b. Janitor Closet near Bedroom 5 - the ventilation system base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. c. Bedroom 13 - the one-hour fire-resistance-rated gypsum ceiling assembly has deteriorated to a point where the tape and joint compound is pulling away from the assembly. d. Storage across from Bedroom 17 - the heat	C 189		

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C 189	Continued From page 12 detector base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. e. Firewall near Bedroom 13 - the exit sign base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. f. Corridor near Carolina Commons - the emergency light base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. g. Carolina Commons - the attic access panel, in the ceiling, is not properly seated in its frame, leaving a gap in the fire-resistance-rated ceiling assembly. h. Scotland Community Weight Room - the attic access panel in the ceiling is not properly seated in its frame, leaving a gap in the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. i. Water Cooler near Bedroom 19 - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated wall assembly. j. Mech Room near Bedroom 35 - the attic access panel, in the ceiling, is not properly seated in its frame, leaving a gap in the fire-resistance-rated ceiling assembly. k. Scotland Community Janitors Closet - there are two open-ended sleeve with cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. l. Scotland Community Janitors Closet - the heat detector base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. m. Middle Section Corridor near Telephone Equipment Room - the emergency light base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. n. Middle Section Telephone Equipment Room -	C 189		

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C 189	Continued From page 13 there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. o. Middle Section Telephone Equipment Room - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly. p. Middle Section Telephone Equipment Room - the heat detector base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. q. Middle Section Exterior Mech/Water Heater Room - there is a gap around a conduits not firestopped as it penetrates the fire-resistance-rated ceiliing assembly. r. Middle Section Exterior Mech/Water Heater Room - the ductwork does not have flanges as it penetrates the fire-resistance-rated ceiling assembly. s. Middle Section Exterior Mech Room - the ductwork does not have flanges as it penetrates the fire-resistance-rated ceiling assembly. t. Middle Section Exterior Mech Room - there are gaps around multiple conduits and cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. u. Middle Section Exterior Mech Room - there is an open-ended sleeve with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. v. Middle Section Exterior Mech Room - there is a 2 x 3 inch hole not firestopped as it penetrates the fire-resistance-rated wall assembly. w. Chapel - the attic access panel, in the ceiling, has a broken layer of gypsum on one end not properly firestopped, leaving a gap in the fire-resistance-rated ceiling assembly. x. Time Clock Room - there is a large hole through the fire-resistance-rated ceiling assembly where the fire-resistance-rated attic access panel should be.	C 189		

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	HAL077012	A. BUILDING: 01 B. WING _____	05/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERMITAGE RETIREMENT CENTER	139 MALLARD LANE ROCKINGHAM, NC 28379

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C 189	Continued From page 14 y. SCU Oxygen Storage - there is a hole where a light fixture is falling down not firestopped as it penetrates the fire-resistance-rated wall assembly. z. SCU Med Prep - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly. aa. SCU Med Prep - there is a hole with cable bundle not firestopped as it penetrates the fire-resistance-rated wall assembly. bb. SCU Laundry Chute Room - the fire-resistance-rated wall assembly around the laundry chute is damaged and may not be capable to contain a fire. cc. Moore Community Staff Station - there is a large hole through the fire-resistance-rated ceiling assembly where the fire-resistance-rated attic access panel should be. dd. Moore Community Diaper Room - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. ee. Moore Community Diaper Room - the one-hour fire-resistance-rated gypsum ceiling assembly has deteriorated to a point where the tape and joint compound is pulling away from the assembly in one area. ff. SCU Staff Porch - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. gg. Basement Extra Room (mech/water heater) - a firestopped cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. hh. Basement Shop - there are gaps around three pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. ii. Kitchen - there are gaps around the hood suppression system not firestopped as they	C 189		

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C 189	Continued From page 15 penetrate the fire-resistance-rated ceiling assembly. jj. Kitchen - there are gaps around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. kk. Basement Shop - there appears to be a small duct without a radiation damper. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on May 23, 2018: a. SCU Laundry Chute Room - the dumbwaiter door cannot close and latch automatically because a padlock on a hasp blocks closing the door. b. Basement Soiled Linen (Laundry Chute Room) - the Laundry Chute Room door does not automatically close and latch into its frame.. c. Basement Dumbwaiter Room - the dumbwaiter room door does not automatically close and latch into its frame.. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Smoke Barriers do not have the required rabbets or astragal at the meeting edges of the double egress doors. This could affect all by not containing smoke/fire in the compartment of origin. Findings on May 23, 2018: a. SCU Left Firewall - the cross-corridor double-egress doors when closed have a 1/4 inch to 1/2 inch gap between leafs. 5. Based on Observation, the Building was not	C 189		

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C 189	Continued From page 16 maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on May 23, 2018: a. SCU Left Firewall - the panic hardware are missing their end covers, where the vertical rods latch into the frame. 6. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 23, 2018: a. Firewall near Main Dining - the exit sign directs you to exit through the main Dining Room. If acceptable to the Fire Marshal, cover the chevron directional indicator punch-out or replace the sign so that exiting is indicated through the firewall door. b. Scotland Community Med Prep Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. The Cardinal Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. Middle Section - the exit sign directing you to exit into the Chapel did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. e. SCU Staff Porch - the self-contained emergency light did not illuminate on backup power when the test button is pushed. f. The Veranda Room - the self-contained	C 189		

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C 189	Continued From page 17 emergency light did not illuminate on backup power when the test button is pushed. g. Richmond Community Firewall - the exit sign did not illuminate on normal power or backup power when tested. h. Richmond Community Basement Entrance - the exit sign did not illuminate on normal power or backup power when tested. i. Basement - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 7. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on May 23, 2018: a. Moore Community Storage Room near Diaper Storage - Vacant Bedroom is being used for housekeeping to storage combustible cleaning chemical, paper supplies, housekeeping carts, and, booms, mops, etc. This significantly increasing the fire load and the walls and door do not provide the extra protection required for a Storage/Housekeeping area. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 23, 2018: a. Bedroom 11 - the corridor door hits the vinyl transition strip, preventing it from closing and latching. b. Bedroom 3 - the corridor door hits the vinyl transition strip, preventing it from closing and latching. c. Bedroom 13 - the corridor door does not latch into its frame.	C 189		

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C 189	Continued From page 18 d. Bedroom 16 - the corridor door hits the doorframe, preventing it from closing and latching. e. Main Dining Room - the corridor door hits the vinyl transition strip, preventing it from closing and latching. f. Bedroom 19 - the corridor door does not close unless extra force and/or effort is applied. Once door is closed, the leaf does not latch into its doorframe. g. Bedroom 23 - the corridor door hits the vinyl transition strip, preventing it from closing and latching. h. Bedroom 25 - the corridor door hits the vinyl transition strip, preventing it from closing and latching. i. Bedroom 48 - the corridor door does not close unless extra force and/or effort is applied. Once door is closed, it take extra force and/or effort to open. j. Richmond Community Staff Station - the corridor door is missing its latch bolt, therefore the door cannot latch to its frame. k. Bedroom 62 - the corridor door hits the frame and does not close unless extra force and/or effort is applied. Once door is closed. Once door is closed, it take extra force and/or effort to open. l. Kitchen - the Dining Room door's strike plate is filled with a paper preventing the door from latching. m. Kitchen - the Dining Room door has a chain 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. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 23, 2018: a. Water Heater Room near Bedroom 1 -	C 189		

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C 189	Continued From page 19 several energized wire connections were not secured in a junction box.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on May 23, 2018: a. Business Office - a portable electric heater was found in this room.	C 191		
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	C 199		

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C 199	Continued From page 20 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 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 May 23, 2018: a. Bedroom 13 Bathroom - the required exhaust ventilation system did not work, and there is odor. b. Community Bathroom on Anson Community - the required exhaust ventilation system did not work, and there is odor. c. Women near Carolina Commons - the required exhaust ventilation system did not work, and there is odor. d. Scotland Community Bio Hazards - the required exhaust ventilation system did not work, and there is odor. e. Scotland Community Janitors Closet - the required exhaust ventilation system did not work, and there is odor. f. Moore Community Janitors Closet - the required exhaust ventilation system did not work, and there is odor. g. Moore Community Storage Room near Diaper Storage - there is no required exhaust ventilation, and there is odor. h. Bedroom 53 Bathroom - the required exhaust ventilation system did not work, and there is odor.	C 199		

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C 199	Continued From page 21 i. Moore Community Community Bathroom - the required exhaust ventilation system did not work, and there is odor. j. Richmond Community Yellow Sitting Room - the required exhaust ventilation system did not work, and there is odor. k. Basement Laundry - Both exhaust ventilation fans are unplugged.	C 199		

Mr. Ed Miller

HA Biennial Survey May 23, 2018

C101-

1.(a)All emergency release button is being replaced by Gills Security System, Button are special order, Ted 910-384-7080. Facility will assure Special Locking System to remain in good working order with these updates by monitor weekly to make sure they are working properly. Maintenance will be monitor this and use a checkoff sheet showing it has been check. Also, no equipment dealing with the locking system will not be repair or exchange without calling Certify company. Will need some existed time for the parts to come in and be replaced.

7/23/2018 Jaycis Rogers

(b) All personnel on Security Unit have copies made. Facility will assure staff has the copies daily.

SCUC and Supervisor will be conducting the monitoring of keys

7/5/18 Jaycis Rogers

2.(a)Anson Community Door has been replaces with Solid 1 ¾ inches thick door. Maintenance will oversee maintain that all door if needed to be replaced that they are replaced with qualify material.

Maintenance will monitor this daily to assure guidelines are been meet.

7/5/18 Jaycis Rogers

C143

1.(a) Biohazards room are locked and will remain locked always. Maintenance and Nurse Supervisor will monitor daily to assure areas are locked.

C152 Jaycis Rogers

1.(a)Handrails were being sanded and stained, they have been put back up. Maintenance will assure for now on when projects are being done that everything is put back in working condition before end of their shift. Administrator will be monitor this daily to assure its been follow through.

7/5/18

C160 Jaycis Rogers

1.(a)We had replaced all furniture in building and was removing materials. Materials are continuing been removed due to the exchange of furniture throughout the building. We have rented a construction bid to help with this situation. Administrator will assure materials are moved in timely manner when removed from building this will be a weekly monitoring.

7/5/18

Jaycis Rogers

(b). Bottom of fence repair. Maintenance while maintain yards bi-weekly will monitor these areas to much so no other issues have accrued.

(c) Same as C160 1. (a)

C164 Jayzis Rogers

1.(a) Ventilation grille cleaned room 3

(b) Ventilation grille cleaned room 5

(c) Ventilation grille cleaned Kitchen Janitor closet

2.(a)Anson Community storage room light working replaced bulb

(b)Room 18 light fixture replaced

Facility has put in placed for Housekeeping checkoff list to help identify want needs to be address, cleaning grille and replacing bulbs will be on them. Housekeeping Supervisor will be monitor this daily.

1abc. &2a

7/5/18 Jayzis Rogers

Facility will assure these rules are met by; developing a checkoff list for each Housekeeper so while in room cleaning and conducting the checkoff these items will be marked and at the end of their shift turned into Housekeeping Supervisor to go over, then if anything that are not in working order she is then to write on Maintenance Order sheet, so maintenance can address promptly. And they will check off its been repair and dated. (2.B)

7/5/2018 Jayzis Rogers

3.(a)Hole in bathroom door repair

(b)Bedroom 13- 3 holes repair

(c)Anson Community bathroom tile repaired

(d)Bedroom 18 vinyl wall repaired

(e)Bedroom 18 wall has been painted

(f)Exterior Mech Room leak fixed and wall repaired from mold

(g)SCU main "Special Locking System" secured

(H) Moor Community shower wall has been repaired

(i)Richmond Community Yellow room hole repair and stopper added to help further damaged

4.(a) Bedroom 13 textured ceiling repaired

(b)Women's near Carolina Common textured repair

(c)SCU Laundry Chute Room ceiling repair no leaks

(d) Moore community bathroom textured repair

(e)Richmond Community bathroom ceiling treated

5.(a)Anson Community Bathroom tub drain corrected onsite at survey

(b)Anson Community Bathroom shower clean and tile replace

(c)Anson Community Bathroom shower head replaced

(d)Men Carolina Commons faucet secured

(e)Men Carolina Commons commode secured to floor

(f) Scotland Community Bio Hazards sink connected to waste water system

(g)Scotland Community Bio Hazards the faucet is secure

(h)Scotland Community Bathroom shower clean and mold treated

(i)SCU Time clock Room bathroom commode secure

(j)Richmond Community Bathroom shower head replaced

7/05/18 Daylis Rogers

6.(a)Moore Community Diaper Room, VCT floor tiles repair

Facility assure the monitor of the areas with Housekeeping checkoff list and report to supervisor and Housekeeping Supervisor to report to Maintenance for areas that need to be fix.

7/05/18 Daylis Rogers

C166

1.(a) Bedroom 1 towel bar repair

(b)Bedroom 13 towel bar repair

2.(a) Bedroom 8 portable oxygen removed

Housekeeping will monitor daily during cleaning and report on checkoff list, and report turn into Housekeeping Supervisor daily, so she can report to Maintenance for repairs

(b)SCU Oxygen Storage removed unauthorize crates. Talked with Oxygen supply company about not leaving O2 in unauthorize crates. Also, DRS and Supervisor are to monitor when oxygen arrives that it's in right crate.

3.(a)Kitchen ice drain pipe has been secured. Kitchen staff will monitor and report to Maintenance once again lays on the drain

07/05/18 Daylis Rogers

C175

1.(a) Bedroom 13 towel bar added

C183 Daylis Rogers

1.(a) Activity Office Fire Extinguisher's has been inspected. Maintenance will monitor this monthly and check off on each extinguisher throughout the facility. Administrator will monitor monthly to assure it has been done.

C185 Complies via Ed Miller all Fire drills was in place

C188

1.(a)Beauty shop electrical outlet replaced by Yates Electrical

(b)SCU porch electrical outlets replaced by Yates Electrical

Facility will assure all electrical work will be provide by Licensed electrical and Maintenance will monitor all

C189 7/5/18 Daylis Rogers

1(a) Basement Laundry heat detector repair

2(a)Biohazard room near bedroom 3 Ventilation hole fixed

(b) Janitor closet near bedroom 5 ventilation hole repair

(c) Bedroom 13 ceiling gypsum repair

(d) Storage across from bedroom17 detector base repair

(e)Firewall near bedroom 13 exit sign hole repair

(f)Corridor near Carolina Commons emergency light hole repair

(g) Attic panel Carolina Commons repair

(h) Scotland Community weight room attic panel back in place

(i) water cooler hole repair

(j) Mech Room near room 35 attic access panel back in place

(k) Scotland Community Janitors closet cables chalk

(l) Scotland community Janitors closet heat detector hole repair

(m) Middle section near telephone equipment, emergency light base repair

(n)Middle section Telephone equipment gaps repair

(o) Middle section Telephone equipment room hole repair

(p)Middle section telephone equipment heat detector hole repair

(q)Middle section Exterior Mech/water room gap repair

(r) Middle section Flanges repair

(s)Middle section Exterior Mech room flanges repair

(t) Middle section Exterior gaps around conduits repair

(u)Middle section Exterior Mech room open sleeve with cable repair

(v) Middle section Exterior mech room 2x3 inch repair

(w)Chapel Attic panel repair

(x)Time clock room access panel back in place

(y)SCU oxygen room hole light fixture repair

(z)SCU prep room hole repair

(aa) SCU med prep room hole with cables repair

(bb)SCU laundry Chute room wall repair

(cc)Moore Community Staff Station access panel back in place

(dd)Moore diaper room ceiling joint repair

(ff)SCU staff porch cable repair

(gg)Basement Extra room (mech/water heater) cable repair

(hh)Basement shop gaps around 3 pipes repair

(ii) Kitchen gaps around Hood suppression system repair also waiting on new panels to go into hood Ultra Brite order and install 7/23/18

(jj)Kitchen gaps around conduit repair

(kk)Basement Shop small duct radiation damper installed

7/5/18 Darius Rogers

3(a)SCU laundry Chute room door latch replaced

(b)Basement Soiled Laundry door latch replaced

(c) Basement Dumbwaiter door latch replaced

4(a)SCU left firewall double-egress door gap repair

5(a)SCU firewall hardware on door replaced

6(a) Firewall main dining room exit sign chevron cover up, fixed

(b)Scotland Community Med Prep room emergency light replaced

(c)Cardinal room emergency light replaced

(d) Middle Section exit sign replaced

(e)SCU staff porch emergency light replaced

(f)Veranda room emergency light replaced

(g)Richmond Community Firewall exit light replaced

(h)Richmond community Basement Entrance exit sign replaced

(i)Basement emergency light replaced

7(a)Moore community Storage room near diaper room cleaning chemicals have been arranged different

8(a)Bedroom 11 vinyl removed

(b)Bedroom 3 vinyl removed

(c)Bedroom 13 latch repaired

(d)Bedroom 16 door frame corrected

(e)Main dining room vinyl removed

(f)Bedroom 19 latch repaired

(g)Bedroom 23 vinyl removed

(h)Bedroom 25 vinyl removed

(i)Bedroom 48 door latch fixed

(j)Richmond community Staff station latch bolt replaced

(k) Bedroom 62 door frame fixed

(l)Kitchen door strike plate paper removed

(m)Kitchen chain on door removed now closes correctly

9(a)Water heater near bedroom 1 energized wire connections secured

Facility will assure all areas are monitor weekly by Maintenance and checkoff

C191

1(a)Business office portable heater removed

Administrator will monitor daily that no space heater is been in use

7/5/18 Dayeis Rogers

C199

1(a)Bedroom 13-bathroom exhaust fan replaced

(b)Community Bathroom on Anson exhaust replaced

(c)Women near Carolina exhaust replaced

(d)Scotland Biohazard exhaust replaced

(e)Scotland Janitors closet exhaust replaced

(f)Moore Janitor closet exhaust replaced

(g)Moore storage exhaust replaced

(h) Bedroom 53-bathroom exhaust replaced and cleaned

(i)Moore bathroom exhaust replaced

(j)Richmond yellow sitting room exhaust replaced and cleaned

(k) Basement Laundry both Exhausted replaced

7/5/18 Dayeis Rogers

Send Result Report

MFP

ECOSYS M3540idn

Firmware Version 2NM_2000.E06.107 2018.01.12

06/27/2018 16:11
[2NM_1000.007.007] [2NM_1100.001.004] [2NM_7000.006.106]

Job No.: 064481 Total Time: -°--'--" Page: 031

Complete

Document: **doc06448120180627161030**

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	06/27/18 16:10	**ed.miller@dhhs.nc.gov**	-°--'--"	E-mail	OK	200x200 Fine/-

Send Result Report

MFP

ECOSYS M3540idn

Firmware Version 2NM_2000.E06.107 2018.01.12

06/27/2018 16:12
[2NM_1000.007.007] [2NM_1100.001.004] [2NM_7000.006.106]

Job No.: 064482 Total Time: -°--'--" Page: 003

Complete

Document: **doc06448220180627161159**

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	06/27/18 16:11	**ed.miller@dhhs.nc.gov**	-°--'--"	E-mail	OK	200x200 Fine/-