STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092222	A. BUILDING: **01** B. WING _____	**09/07/2023**

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

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on September 7, 2023. This facility was first licensed on February 27, 1996 and is currently licensed for 100 Beds with a 46 Special Care Unit. Therefore, this 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. Deficiencies have been cited and a Plan of Correction is required.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on September 7, 2023: a. Terrace Level - the SCU on this level has a magnetic locking system. There is not a central release switch on this unit. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 1 second to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. (Note: 30 second delays are allowed with approval.) Findings on September 7, 2023: a. Third floor SCU - the exits for this level are 30	C 101		

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C 101	Continued From page 2 second delayed egress doors. None of the doors equipped with delayed egress released upon activation of the fire alarm.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. Observations revealed that the walls, ceilings, and floors are not kept clean and in good repair. Findings on September 7, 2023: a. Terrace Level, Reflections Room - there is a damaged ceiling tile near the bathroom that is sagging and the vent is loose. b. Terrace Level, Reminiscence Care Director's Office - the adjacent bathroom flooded causing damage to the office walls. The damaged areas have been removed but final repairs are not completed. c. Room T-11 - a car hit the building and caused heavy damage to this room. Temporary partitions are in place until the area can be repaired. d. Room T-9 Bath - the exhaust fan is not sitting properly in the opening leaving a gap in the ceiling at the side of the exhaust fan. e. Main Laundry - the ceiling is in disrepair. Numerous ceiling tiles are missing, others are	C 164		

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C 164	Continued From page 3 stained and damaged. The grid is broken and loose in several places. f. Edwards Mill Stairway - the carpet is heavily stained. The nosing on the treads is torn and frayed creating a trip hazard.	C 164		
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 prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 7, 2023: a. Room 108 - there are three oxygen bottles on the floor without any means of restraint. 2. Observations revealed that the facility was not free of all hazards. Findings on September 7, 2023: a. Corridor outside of Room 202 - a floor outlet was removed and a 4 x 6 cover plate was installed over the 6" diameter opening leaving an uneven edge around the old opening that creates	C 166		

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C 166	Continued From page 4 a trip hazard.	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 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 exits were not illuminated during a power outage. Findings on September 7, 2023: a. Emergency light #30 by the front entry door did not illuminate on test. b. Emergency light #24 by the lobby doors did not illuminate on test. c. Emergency light #39 in the SCU Dining (Terrace Level) did not illuminate on test. d. Terrace Porch - emergency lights #43 and #44 did not illuminate on test. e Level 1 - emergency light #21 at the Edwards Mill Stair did not illuminate on test. f. Emergency light #23 at Room 108 did not illuminate on test. g. First Floor Balcony - the emergency lights did not illuminate on test. h. Second Floor Lobby - the emergency light by	C 189		

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C 189	Continued From page 5 the grand staircase did not illuminate on test. i. Second Floor - emergency light #12 did not illuminate on test. j. Third Floor Game Room - emergency light #2 did not illuminate on test. k. Third Floor - emergency light #1 by Stairway 2 Edwards Mill. l. Third Floor - emergency light #5 outside of Dining did not illuminate on test. m. Third Floor - emergency light #7 outside of the Bathtique did not illuminate on test. n. The emergency light outside of Room 302 did not illuminate on test. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on September 7, 2023: a. Riser Room - there is a 12" square hole cut into the side wall to run equipment. b. Room T-4 - there is a 1/2" diameter hole in the corridor ceiling just outside the door. c. First Floor - the cover for the access to the sprinkler valve shut off in the ceiling of the Bistro was off leaving a hole in the fire resistant rated ceiling. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on September 7, 2023:	C 189		

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C 189	Continued From page 6 a. Terrace Level Porch - one of the sprinkler heads had a large, active wasp nest attached to the head. b. First Floor Warming Kitchen - two of the sprinkler heads had a heavy accumulation of dust. These were cleaned at the time of survey. 4. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on September 7, 2023: a. Main Kitchen - the drain line for the ice machine is sitting directly on top of the floor drain. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 7, 2023: a. Room 217 - the door required excessive force to close. This was repaired at the time of survey. b. Room 212 - the door required excessive force to close. This was repaired at the time of survey. c. Room 311 - the door does not close and latch. 6. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on September 7, 2023: a. Third Floor Bathtique - the recessed can light nearest the door was out and was not secure in	C 189		

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C 189	Continued From page 7 the ceiling grid. 7. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on September 7, 2023: a. Third Floor Activity Room - a piece of furniture was in front of the corridor door and prevented the door from closing and latching when released with the fire alarm. The furniture was moved at the time of survey.	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. This Rule is not met as evidenced by:	C 199		

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C 199	Continued From page 8 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on September 7, 2023: a. Room 221 Bath - the exhaust fan did not appear to be venting properly. b. Janitor by Room 212 - the exhaust fan is not working.	C 199		