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	HAL092161	A. BUILDING: **01** B. WING _____	**01/10/2024**

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WALTONWOOD CARY PARKWAY	**750 SE CARY PARKWAY CARY, NC 27511**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 10, 2024. This facility was licensed on July 13, 2010 and is currently licensed for 85 Beds including a 33 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2005 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; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 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 January 10, 2024: a. The entrance from the Independent Living side of the building to the AL side is equipped with an electromagnetic lock. There is a release switch within 3 feet of the door but it is in a locked box and the only staff with the access key is the Maintenance staff. All staff responsible for evacuation of the building must have a key to access the emergency release. 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. Findings on January 10, 2024:	C 101		

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C 101	Continued From page 2 a. MCU - interview with staff indicated that the locking device on the exterior door near the Dining area is a delayed egress door. The door did not initiate the release process when pressure was applied to the door latch. b. MCU - interview with staff indicated that the locking device on the exterior door in the Dining area is a delayed egress door. The door did not initiate the release process when pressure was applied to the door latch. c. AL - interview with staff indicated that the locking device on the exterior door to the long ramp is a delayed egress door. The door did not initiate the release process when pressure was applied to the door latch.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain all building safety inspection reports. Findings on January 10, 2024: a. The most recent fire sprinkler inspection documentation was December 15, 2022. An inspection was scheduled for January 15, 2024.	C 111		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND	C 116		

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C 116	Continued From page 3 SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent	C 116		

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C 116	Continued From page 4 complete and upon final completion. This Rule is not met as evidenced by: 1. Observations and interview and record review revealed construction or remodeling has taken place and copies of the Construction Documents and specifications have not been submitted to DHSR Construction. Findings on January 10, 2024: a. Record review of floor plan from previous surveys indicated a system of 'special locking' was installed on the SCU and AL exit doors. Obeservation revealed new magnet locks that are equipped with a degital counter. Testing a door revealed the lockin g system initiated a process of unlocking the door in 15 seconds. The digital counter counted down until the door unlocked. Interview with Administrator revealed the the system had been changed to delayed egress. Review of the active (open) project at the facility revealed this change does not appear to be part of the active project.	C 116		
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. Observations revealed that the outside premises are not maintained in a clean and safe	C 160		

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C 160	Continued From page 5 condition. Findings on January 10, 2024: a. Fronty entry canopy - one of the recessed can lights is falling out of the ceiling.	C 160		
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 ceilings and floors were not kept clean and in good repair. Findings on January 10, 2024: a. MCU Room 1026 - there is a 6" crack in the ceiling finish on the Living Room side that is split and pulling away from the ceiling. b. MCU Room 1026 - the carpet has numerous gray stains on the Living Room side and entry. 2. Observations revealed that the furnishings were not kept in good repair. Findings on January 10, 2024: a. MCU Trash Room - the sweep and metal trim at the bottom of the door is pulling away from the door. b. AL Half Bath by Courtyard - the toilet paper	C 164		

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C 164	Continued From page 6 dispenser is broken.	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 is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on January 10, 2024: a. MCU C171 Furnace Room - furnishings have been stored in front of the electrical panels.	C 166		
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	C 185		

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C 185	Continued From page 7 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. Review of records revealed that the facility did not maintain records of the quarterly fire rehearsals for each shift. Findings on January 10, 2024: a. There was not a record of a fire rehearsal conducted on the first shift of the third quarter of 2023. b. There was not a record of a fire rehearsal conducted on the second or third shift of the fourth quarter of 2023.	C 185		
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 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 could allow fire and smoke to spread beyond the area of	C 189		

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C 189	Continued From page 8 origin. Findings on January 10, 2024: a. Room 1039 Bath - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. b. Memory Care Unit (MCU) Spa - the sprinkler head in the toilet room is missing its escutcheon ring. c. MCU Serving Area - the sprinkler head is missing its escutcheon ring. d. MCU Soiled Linen - the ceiling around the supply vent has water damage that has caused the sheetrock tape to peel away and has left cracks in the fire resistant rated ceiling. e. MCU Chart Room - there is one unsealed cable penetration over the audio rack. f. Assisted Living (AL) Copy Room - there is an unsealed cable bundle along the back wall. g. AL Wellness Center - there is one sprinkler head missing its escutcheon ring. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 10, 2024: a. MCU - the left door of the cross corridor doors by Room 1034 did not latch when released by the fire alarm. 3. 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 affected if the equipment failed to alert the occupants in case of a fire.	C 189		

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C 189	Continued From page 9 Findings on January 10, 2024: a. MCU Room 1036 - the smoke detector in the foyer is missing from its base. b. AL Room 1004 - one of the detectors is not secure to its base. 4. 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 January 10, 2024: a. MCU Trash Room - tape has been installed over the latching device so that the door no longer latches when closed. b. MCU Women's Half Bath - tape was wedged in the latch so that the latch did not engage when the door was closed. The tape was removed at the time of survey. c. Room C126 - the door does not automatically close and latch. d. Room C116 Soiled Linen - the door hits the top of the frame and does not close and latch. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes through the face of the door. Findings on January 10, 2024: a. MCU Office near entrance - there are two 1/4" diameter holes through the door at the door hardware. b. MCU Storage across from Soiled Linen - there are 1/4" diameter holes through the door above	C 189		

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C 189	Continued From page 10 and below the door hardware. 6. 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 January 10, 2024: a. C114 Cable/Phone Room - a yellow foam product was used to seal a sleeve penetration. This product does not meet the fire resistant rating required. 7. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on January 10, 2024: a. AL Half Bath by the Courtyard - the cover plate for the electrical outlet is missing.	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	C 199		

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C 199	Continued From page 11 (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 the facility failed to provide the required exhaust ventilation equipment in resident bathrooms. Findings on January 10, 2024: a. Room 1039 Bath - there does not appear to be an exhaust fan in this bathroom. 2. 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 January 10, 2024: a. Memory Care - the exhaust fans do not appear to be working.	C 199		