STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026054	A. BUILDING: 01 B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAYETTEVILLE MANOR	231 TREETOP DRIVE FAYETTEVILLE, NC 28311

(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 Suzanna Fay conducted on May 14, 2024. This facility was licensed on April 1, 1986 and is currently licensed as a 60 Bed 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 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 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 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 licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on May 14, 2024: a. Staff did not carry an emergency release switch key. They keep one key at the master override switch. 2. 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. Facilities equipped with special locking are required to be fully protected by an automatic fire detection or sprinkler system which includes closets and bathrooms. Findings on May 14, 2024: a. The facility is equipped with special locking. Two of the bedrooms, Rooms 101 and 103 have two closets each. There is no automatic fire detection in the closets.	C 101	Fayetteville Manor SIC is responsible for fire and safety evacuation. An emergency release switch key is always with the SIC. In addition, Fayetteville Manor will continue fire training and safety drills quarterly for every shift. The heat protector for rooms 101 and 103 closets has been order by tech on 6/21/2024. Installation is scheduled for 6/27/2024.	5/15/24
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	C 164	See attachment #2	6/27/24

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C 164	Continued From page 2 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 were not kept in good repair. Findings on May 14, 2024: a. 100 Hall Shower Room #1 - the ceiling over the shower is flaking and peeling. b. Room 201 - a vinyl floor tile is missing at the bathroom door. c. 200 Hall Tub Room - there are scorch marks on the ceiling around the exhaust fan and the ceiling finish over the tub is cracking and peeling. d. Room 211 - there is a large yellow water stain from an old leak at the left side of the room. e. 200 Hall Tub Bath - there is an excessive accumulation of dust on the exhaust fan grille.	C 164	Fayetteville Manor repaired all ceilings and will keep all walls, ceilings, and floors in good repair. Fayetteville Manor maintenance supervisor/designee will do monthly maintenance building checks to ensure that all walls, ceilings, and floors are in good condition. The Administrator/Designee will ensure monthly building checks are completed and any repairs are done. 6/1/24 see attachment #2	
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.	C 185		

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C 185	Continued From page 3 (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 is not conducting the quarterly fire rehearsals on each shift and records do not include the date and time of the rehearsals, the shift, staff members present and, a short description of what the rehearsal involved. Findings on May 14, 2024: a. The fire rehearsals are not being conducted on each shift per quarter. b. The fire rehearsal logs do not include the shift, the time or a short description of what the rehearsal involved.	C 185	Fayetteville Manor conducted a rehearsal of the fire plan for each shift. Fayetteville Manor Administrator/designee will conduct quarterly fire rehearsals on each shift and will include the date and time of the rehearsal, the shift, staff members present, and a short description of what the rehearsal involved to ensure compliance with the local Fire Prevention Code Enforcement Official. See attachment #1	5/15/24
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. Observations revealed that not all of the electrical outlets in wet locations had ground fault interrupters. Findings on May 14, 2024: a. Beauty Salon - the outlet to the right of the sink did not trip when tested.	C 188	Fayetteville Manor replaced the outlet in the beauty salon with a GFIC outlet. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks that include ensuring all electrical outlets have ground fault interrupters. The Administrator/Designee will ensure monthly building checks are completed and all repairs are done. See attachment #2	5/17/24
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

attachment #1

Fire Drill Report

Community: Fayetteville Manor
Date of Drill: 5.15.24
Time of Drill: 7:00 am

Staff Member Present:

Breanna Bryant
[illegible signature]
[illegible signature]
Kikelomo Lawal
[illegible signature]
Pauline Bryant
Mary Wright

Description of Drill

review of written fire plan, mock fire on 100 hall review exit doors

Administrator Signature: [signature]
Date: 5.15.24

See attachment #1

Fire Drill Report

Community: Fayetteville Manor
Date of Drill: 5.15.24
Time of Drill: 330 PM

Staff Member Present:

Description of Drill

review of written fire plan, mock fire on ICD hall review exit doors

Administrator Signature: [signature]
Date: 5.15.24

see attachment #1

Fire Drill Report

Community: Fayetteville Manor
Date of Drill: 5.15.24
Time of Drill: 6:38 am

Staff Member Present:

Kelli Carmichael
James Scott
[illegible]
[illegible]
M. Cruz

Description of Drill

review of written fire plan, mock fire on 100 hall review exit doors

Administrator Signature: [illegible]
Date: 5.15.24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026054	A. BUILDING: 01 B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 189	Continued From page 4 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 origin. Findings on May 14, 2024: a. There is an unsealed conduit above the entrance door. b. There is an unsealed penetration at the light by Oxygen Storage. c. Shower #4 - the heat detector does not cover the opening in the ceiling. d. Room 214 - the sheetrock joints are failing and the panels are separating leaving gaps in the fire resistant rated ceiling. e. Exterior Electrical Room - there is an unsealed penetration near the door and two 3/4" diameter holes in the ceiling where a light was replaced. f. Physical Therapy - there is an unsealed cable penetration over the desk at the corridor wall. g. Physical Therapy - there is a small hole at the base of the exit sign. h. Exit near Physical Therapy - the ceiling at the exit sign has some damage around the base of the sign and there is an unsealed conduit over the door.	C 189	Fayetteville Manor sealed all holes or gaps at penetrations to ensure fire and smoke does not spread beyond the area of origin. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks to ensure all gaps and holes are sealed. The Administrator/Designee will ensure monthly building checks are completed and all repairs are done. see attachment 2 6/3/24	

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C 189	Continued From page 5 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 the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on May 14, 2024: a. 200 Hall Fire Doors - the left hand door did not fully close when released by the fire alarm due to the sweep at the bottom of the door dragging. This was corrected at the time of survey. 3. 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 May 14, 2024: a. Room 111 - the door does not fully close. b. Room 109 - the door is rubbing at the top of the frame and requires excessive force to close. c. Room 107 - the door is rubbing at the top right of the door frame and requires excessive force to close. 4. 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 May 14, 2024:. a. 100 Hall Shower Room by Room 3 - the cover plate on the electrical outlet at the sink is broken.	C 189	Fayetteville Manor ensured all doors close and latch. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks to ensure all doors close and latch to help limit the spread of smoke or fire. The Administrator/Designee will ensure monthly building checks are completed and all repairs are done. 5/28/24 Fayetteville Manor replaced all missing or broken cover plates on electrical devices. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks to ensure all missing or broken cover plates on electrical outlets are placed. The Administrator/Designee will ensure monthly building checks are completed and all repairs are done. 5/28/24 See attachment #2	

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C 189	Continued From page 6 b. The outlet behind the beverage vending machine does not have a cover plate. c. Courtyard - the exterior electrical outlet near the exit door is missing its protective cover. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on May 14, 2024: a. 200 Hall Tub Room - the hot water knob on the sink is missing.	C 189	Fayetteville Manor replaced the hot water knob on the sink on the 200 Hall Tub Room. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks to ensure all knobs are in working order. The Administrator/Designee will ensure monthly building checks are completed and all repairs are done.	
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the hot water system at all fixtures used by residents was not maintained between 100 and 116 degrees F. Findings on May 14, 2024: a. Beauty Salon - the water temperature at the sink was 124 degrees F.	C 195	Fayetteville Manor adjusted temperature in the Beauty Salon to ensure the temperature does not exceed 116. Maintenance/Designee will complete daily temp checks to ensure the temperature is maintained between 100-116 degrees. Administrator/Designee will ensure daily temperature checks are completed and maintained.	5/17/24 5/17/24

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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: 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 May 14, 2024: a. Room 100 Bath - the exhaust fan is not working. b. 100 Hall Shower Room 1 - the exhaust fan is not working. c. Room 201 Bath - the exhaust fan is not working. d. Room 203 Bath - the exhaust fan is not working.	C 199	Fayetteville Manor replaced all exhaust fans. Fayetteville Manor maintenance supervisor/designee will complete monthly maintenance building checks to ensure all exhaust ventilation fans are maintained. The Administrator/Designee will ensure monthly building checks are completed, and all repairs are done. 6/7/24 See attachment #2 for monthly building checks.	

SLL attachment #2

Building inspection check:

Name of Facility	Date of Inspection

	yes	no
All exit signs and emergency lighting are properly illuminated and operational		
Fire extinguishers are maintained and serviced regularly		
Fire alarm system is operative and properly tagged by licensed fire alarm company		
Outlet/covers are not broken, loose, and intact and GFIC		
Handrails are secure and not loose		
All lights are working properly		
Ventilation in specified spaces is in working order		
a. Soiled linen storage		
b. soiled utility room		
c. bathrooms and toilet rooms		
d. housekeeping closets		
e. laundry area		
f. all resident bathrooms		
All doors close properly		
Locking devices/doors allow immediate egress		
Door alarms check		
Water temp checks done daily		
Check sanitizers and detergent in the kitchen		
All interior resident rooms have free opening doors		
Ceilings are checked for holes/cracks		

Remarks _____

_____

_____

_____

_____

Maintenance/Designee: _____

Administrator/Designee: _____