STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081051	A. BUILDING: **01** B. WING _____	R **06/01/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANAS ASSISTED LIVING FACILITY # 2	**2270 OAKLAND ROAD FOREST CITY, NC 28043**

(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 Follow-up Survey by Dennis Harrell on 6-1-2016. Several deficiencies were not corrected. Further action is required.	{C 000}		
{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 fire alarm system was intermittently showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed. Findings on 6-1-2016: a. The fire alarm system was not working at all because a power plug had been disconnected inside the fire alarm panel. It was unknown at the time of the survey just how long the facility had been without a working fire alarm system. b. The smoke/fire barrier door was propped open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system not working. The smoke/fire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device.	{C 189}		

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{C 189}	Continued From page 1 c. The fire alarm panel, which is located in the corridor, was not locked to prevent tampering and the key to lock the panel could not be located. The fire alarm panel must be secured to prevent further tampering. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the wall and ceiling of the office, b. Hole in the ceiling of the nurse ststion, Findings on 6-1-2016: Holes throughout the facility had been filled with unrated residential fire foam. Residential fire foam is not approved for use in Institutional occupancies. c. Gap where the wall meets the ceiling in the closets off at least rooms 9, 10, 11, 13 and 15. This condition was a pattern in most of the closets inspected. e. Plywood patch, 16 inches by 24 inches, on the ceiling in the linen closet, Finding on 6-1-2016: The plywood had been replaced with gypsum board but the joints had not been completed with gypsum compound and tape. g. Hole in the kitchen ceiling, h. Holes in the ceiling of the freezer room, Findings on 6-1-2016: Holes throughout the facility had been filled with unrated residential fire foam. Residential fire foam is not approved for use in Institutional	{C 189}		

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{C 189}	Continued From page 2 occupancies. 3. Based on observation, the sampling tube for the duct mounted smoke detector in the attic was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. NOTE; The follow-up survey began at 3:00 PM on a day when it was 90 degrees F outside. The duct mounted smoke detector was not observed because it is approximately 40 feet feet from the attic access opening. 4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The closer was damaged on the ¾ hour fire rated door to the laundry chute closet. This fire rated door must be self-closing and must automatically latch when closed. b. The doors to the office and the nurse station were equipped with only a dead-bolt latch. Dead-bolts cannot automatically latch to contain a fire and smoke. Findings on 6-1-2016: The dead-bolt latch had been replaced with automatic latching hardware but there was a hole through the door beside the latchset that makes the door unable to resist the passage of fire and smoke. e. The door to bedroom 19 was propped open. h. The door to the clean linen closet off the corridor to the dining room will not close and latch.	{C 189}		

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{C 189}	Continued From page 3 Findings on 6-1-2016: The door would now close and latch but there was a hole through the door beside the latchset that makes the door unable to resist the passage of fire and smoke. j. There is no door stop provided for the door to bedroom 4. New finding on 6-1-2016; The door from the corridor to the beauty salon had been removed and there was much combustible storage in the room. 5. Based on observation, the attic draft stop door was left open in the front portion of the attic. Draft stops cannot function when the doors are left open. 8. Based on observation, the soffit at the rear of the facility above the basement door was deteriorated and missing. Openings in soffit allow birds and other noxious pests to enter the attic.	{C 189}		