

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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(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 Biennial Construction Survey by Dennis Harrell on 7-1-2016. Records indicate that this facility was first licensed on 11-1-1954. Based on this information, the facility was surveyed using the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds.	C 000		
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. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in 2013. Buildings must be inspected and approved annually as required to ensure all systems can operate properly an actual emergency..	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 in section reports which shall be maintained in the home and available for review. This rule is met, the inspection (84110) was conduct on 10/6/2015. please see the attachment #1.	10/6/2015
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166	Housekeeping-Maintained Free of Hazards Section .0300- Physical Plant 10A NCAC 13F.0306 Housekeeping and	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kenneth Ramsey

TITLE

Administrator

(X6) DATE

8/1/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
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C 166	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A portable medical oxygen cylinder was stored in no container.</p>	C 166	<p>Continued From page 1</p> <p>Furnishings (a) Adult care home 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</p> <p>This rule is now met, all portable medical oxygen cylinder have been pick up by the vendors</p>	7/14/2016
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C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the records</p>	C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>Section .0300 - Physical Plant 10A NCAC 13F.0309 Plan For Evacuation (b) There shall be rehearsals of fire plan quarterly on each shift in accordance with requirement of the local Fire Prevention Code Enforcement Official (c) Record of rehearsals be maintained and copies furnished to the county department of social service 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</p> <p>This Rule is not met will be met, all future rehearsals</p>	9/1/2016
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Division of Health Service Regulation

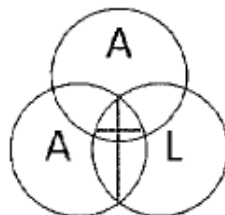
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2016
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 185	Continued From page 2 available onsite included no description of what the rehearsal involved.	C 185	Continued From page 2 shall include the date and time, and short description of what the rehearsal involved	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the battery powered emergency light in the corridor near the Administrator's office would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Penetrations that are not properly sealed present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include: Two sprinkler escutcheons were not tightly fitted to the ceiling in the kitchen.</p>	C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>Section .0300 - Physical Plant 10A NCAC 13F.0311 Other Requirements</p> <p>(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.</p> <p>(k) The rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities</p> <p>This rule is now met, the battery powered emergency light in the corridor near the Administrator's office is now working.</p> <p>The two sprinkler escutcheons are now tightly fitted to the ceiling in the kitchen</p>	<p>7/4/2016</p> <p>7/15/2016</p>

Alexander Assisted Living
Kenneth Ramsey – Administrator
Tabitha James – Director



3032 Hwy 16 South
Taylorsville, NC 28681
Phone (828) 632-4443
Fax (828) 635-7333

August 1, 2016

Plan of Correction for Construction Survey Deficiencies

- ❖ What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;

All areas designated in needing correctional action will be either replaced or repaired

- ❖ How will you identify other areas of the facility having the potential to be affected by the same practice and what corrective action will be taken;

Look for other areas in similarity to what has been deemed deficient and either repair or replace

- ❖ What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

Preventative maintenance will be done as needed and on a quarterly basis

- ❖ How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

Monitor on a quarterly basis or as needed

- ❖ Include dates when corrective action will be completed. The corrective action dates must be acceptable to the state.

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To:918286357333 ;

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Fire Alarm and Life Safety System Inspection Certificate

For

Alexander Assisted Living Center
3032 NC Hwy 16 South
Taylorsville, NC 28681

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Oct 6, 2015

Building: Alexander Assisted Living Center
Contact: Yvonne Parsons
Title: Facilities Manager

Company: AlarmSouth
Contact: Mack Hochschild
Title: Service Tech

08-01-16;08:01 ;From:

To:918286357333 ;

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Executive Summary

Generated by: BuildingReports.com

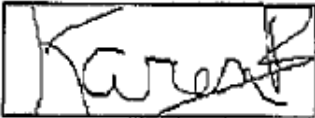
Building Information		
Building: Alexander Assisted Living Center	Contact: Yvonne Parsons	
Address: 3032 NC Hwy 16 South	Phone: 828-632-4443	
Address:	Fax:	
City/State/Zip: Taylorsville, NC 28681	Mobile:	
Country: United States of America	Email: alexasst.living@bellsouth.net	
Inspection Performed By		
Company: AlarmSouth	Inspector: Mack Hochschild	
Address: 311 Security Drive	Phone: 704-872-9857	
Address:	Fax:	
City/State/Zip: Statesville, NC 28677	Mobile:	
Country: United States of America	Email: cparsons@alarmsouth.com	
System Control Unit		
Manufacturer: First Alert	Inspection Date: 10/06/2015	IDC Style: B
Model Number: FA1600C	Install Date: 06/22/2009	SLC Style: 4
Software Version:	Version Date: 06/22/2009	NAC Style: Y
Location: Hallway Outside Of Dining Room	Current Protection: Breaker	
Monitoring		
Company:	Phone:	Account #:
Central Station Signal Verification		
Type: Digital Communicator	Mfg: First Alert	Model #: FA1600C
Test Time/Date: 10/6/15 2:10:43 PM	Restore Time	

08-01-16;08:01 ;From:

To:918286357333 ;

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Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Supervisory	2	7.14%	2	100.00%	2	100.00%	0	0%
Initiating	20	71.43%	20	100.00%	20	100.00%	0	0%
Indicating	1	3.57%	1	100.00%	1	100.00%	0	0%
Control	5	17.86%	5	100.00%	5	100.00%	0	0%
Totals	28	100%	28	100.00%	28	100.00%	0	0%

Certification	
Company: AlarmSouth	Building: Alexander Assisted Living Center
Inspector: Mack Hochschild	Contact: Yvonne Parsons
	
Signed:	Signed: Oct 6, 2015 2:55:47 PM
Mack Hochschild	
Certification Type:	Number:

08-01-16;08:01 ;From:

To:918286357333 ;

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Inspection & Testing

Generated by: BuildingReports.com

Building: Alexander Assisted Living Center		Control Panel: 1 - First Alert FA1600C		
<i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
Passed				
Control				
Annunciator	Hallway Outside Of Dining Room	Tested	2:10:59 PM	10/06/2015
Battery	FACP	Tested	2:10:50 PM	10/06/2015
Battery	FACP	Tested	2:10:53 PM	10/06/2015
Communicator	Hallway Outside Of Dining Room	Tested	2:10:43 PM	10/06/2015
Control Panel	Hallway Outside Of Dining Room	Tested	2:10:47 PM	10/06/2015
Indicating				
Horn/Strobe	Hallway Outside Of Dining Room	Tested	2:10:45 PM	10/06/2015
Initiating				
Heat Detector	Dining Room	Tested	2:27:16 PM	10/06/2015
Heat Detector	Employee Restroom	Tested	2:39:06 PM	10/06/2015
Heat Detector	Janitor Closet	Tested	2:44:36 PM	10/06/2015
Heat Detector	Kitchen	Tested	2:27:41 PM	10/06/2015
Heat Detector	Kitchen Pantry	Tested	2:40:22 PM	10/06/2015
Heat Detector	Laundry Room	Tested	2:29:11 PM	10/06/2015
Heat Detector	Living Room	Tested	2:29:49 PM	10/06/2015
Heat Detector	Med Room	Tested	2:49:14 PM	10/06/2015
Pull Station	Dining Room	Tested	2:16:28 PM	10/06/2015
Pull Station	Living Room @ Front Door	Tested	2:14:59 PM	10/06/2015
Pull Station	East Hallway Outside Of Office	Tested	2:15:38 PM	10/06/2015
Pull Station	West Hallway Door	Tested	2:21:00 PM	10/06/2015
Smoke Detector	Copier Outside of Office	Tested/Cleaned	2:32:11 PM	10/06/2015
Smoke Detector	East Hallway	Tested/Cleaned	2:30:55 PM	10/06/2015
Smoke Detector	Hall Near Panel	Tested/Cleaned	2:30:20 PM	10/06/2015
Smoke Detector	Laundry Room Hallway	Tested/Cleaned	2:28:18 PM	10/06/2015
Smoke Detector	Office	Tested/Cleaned	2:34:33 PM	10/06/2015
Smoke Detector	West Hallway	Tested/Cleaned	2:25:42 PM	10/06/2015
Smoke Detector	West Hallway Outside Dining Room	Tested/Cleaned	2:26:40 PM	10/06/2015
Waterflow Switch	Riser Room	Tested	2:47:57 PM	10/06/2015
Supervisory				
Supervisory Device	Riser Room	Tested	2:47:35 PM	10/06/2015
Supervisory Device	Riser Room	Tested	2:47:38 PM	10/06/2015

08-01-16;08:01 ;From:

To:918286357333 ;

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Service Summary

Generated by: BuildingReports.com

Building: Alexander Assisted Living Center		
The Service Summary section provides an overview of the services performed in this report.		
Device Type	Service	Quantity
<i>Passed</i>		
Annunciator	Tested	1
Battery	Tested	2
Communicator	Tested	1
Control Panel	Tested	1
Heat Detector	Tested	8
Horn/Strobe	Tested	1
Pull Station	Tested	4
Smoke Detector	Tested/Cleaned	7
Supervisory Device	Tested	2
Waterflow Switch	Tested	1
Total		28

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Alexander Assisted Living Center	Control Panel: 1 - First Alert FA1600C
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The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of Inventory	Quantity
Communicator	Control	3.57%	1
Horn/Strobe	Indicating	3.57%	1
Control Panel	Control	3.57%	1
Battery	Control	7.14%	2
Annunciator	Control	3.57%	1
Pull Station	Initiating	14.29%	4
Smoke Detector	Initiating	25.00%	7
Heat Detector	Initiating	28.57%	8
Supervisory Device	Supervisory	7.14%	2
Waterflow Switch	Initiating	3.57%	1

Type	Qty	Model #	Description	Install Date
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In Service - 1 Year to 2 Years

ELK				
Battery	2	1280	Sealed Lead Acid	09/16/2014
System Sensor				
Smoke Detector	3	5193	Photoelectric	09/16/2014

In Service - 5 Years to 10 Years

Ademco				
Pull Station	4	5140MPS-1	Dual Action	06/22/2009
First Alert				
Annunciator	1	FA550	LCD Display	06/22/2009
Communicator	1	FA1600C	Digital Communicator	06/22/2009
Control Panel	1	FA1600C		06/22/2009
Horn/Strobe	1	FA1600C		06/22/2009
Potter Electric				
Supervisory Device	1	OSYSU-2	Lower Tamper	06/22/2009
Supervisory Device	1	OSYSU-2	Upper Tamper	06/22/2009
Waterflow Switch	1	PS10-3A		06/22/2009
System Sensor				
Heat Detector	7	5601	Rate-of-Rise	06/22/2009
Heat Detector	1	601	Rate-of-Rise	06/22/2009
Smoke Detector	4	5192SD	Photoelectric	06/22/2009

08-01-16;08:01 :From:

To:918286357333 ;

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Zone Address Report

Generated by: *BuildingReports.com*

Building: Alexander Assisted Living Center **Control Panel: 1 - First Alert**
EAI600C

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.

Address	Device Type	Location	Type	ScanID
Zone/Circuit: 01				
	Pull Station	Dining Room	Dual Action	09953320
	Pull Station	Living Room @ Front Door	Dual Action	09953317
Zone/Circuit: 02				
	Pull Station	West Hallway Door	Dual Action	09953319
Zone/Circuit: 03				
	Pull Station	East Hallway Outside Of Office	Dual Action	09953318
Zone/Circuit: 04				
	Heat Detector	Dining Room	Rate-of-Rise	09953321
	Heat Detector	Employee Restroom	Rate-of-Rise	09958928
	Heat Detector	Janitor Closet	Rate-of-Rise	09958925
	Heat Detector	Kitchen	Rate-of-Rise	09958931
	Heat Detector	Kitchen Pantry	Rate-of-Rise	09958930
	Heat Detector	Laundry Room	Rate-of-Rise	09958929
	Heat Detector	Living Room	Rate-of-Rise	09959028
	Heat Detector	Med Room	Rate-of-Rise	09958926
Zone/Circuit: 05				
	Smoke Detector	East Hallway	Photoelectric	09959029
Zone/Circuit: 06				
	Supervisory Device	Riser Room	Upper Tamper	09959030
	Supervisory Device	Riser Room	Lower Tamper	09959031
Zone/Circuit: 07				
	Waterflow Switch	Riser Room		09959032
Zone/Circuit: 10				
	Smoke Detector	Laundry Room Hallway	Photoelectric	09958927
Zone/Circuit: 11				
	Smoke Detector	West Hallway Outside Dining Room	Photoelectric	09959027
Zone/Circuit: 12				
	Smoke Detector	West Hallway	Photoelectric	09959026
Zone/Circuit: 14				
	Smoke Detector	Copier Outside of Office	Photoelectric	31085242
	Smoke Detector	Hall Near Panel	Photoelectric	31085243
Zone/Circuit: 15				

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To:918266357333 ;

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Smoke Detector	Office	Photoelectric	31085241
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