

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
--	--

(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 Biennial Construction Survey by Ed Miller on September 6, 2016. Records indicate that this facility was first licensed November 13, 1991 for Sixty-Nine (69) Beds. Based on this information, the facility is required to meet the 1991 Homes for the Aged-Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy. Deficiencies were noted which require a Plan of Correction.	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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

7CKF21

If continuation sheet 1 of 3

Gloria Kifu

Executive Director

10/25/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 101 Continued From page 1

1. Based on observation, the Building did not meet the 1991 NC State Building Code at the time of initial Licensing. This could affect all residents, staff and visitors during a fire emergency if there are no vision panels to check for smoke in the adjacent smoke compartment. Findings on September 6, 2016:

a. Smoke Barrier Doors near Bedroom 110 - the double-egress cross-corridor doors did not have vision panels.

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. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects residents, staff and visitors by preventing any deficiency that may be discovered with annual inspections from being corrected.

Findings on September 6, 2016:

a. There was no Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, available for review.

b. There was no Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, available for review.

c. Records indicated that the last annual Fire Marshal Inspection Report was performed on

C 111

C111 a. Annual Fire Alarm System - 11/2/16
will be inspected and tested and report will be kept in facility

B. Annual Sprinkler System - 11/1/16
will be inspected and report kept in file

C. Fire Inspection - 11/30/16
Completed

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
--	--

(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 111	Continued From page 2 August 28, 2015.	C 111	- Fire system will be checked yearly, fire extinguisher will monitor along with rest of administration	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 6, 2016: a. Bedroom 220 Bathroom - the commode had a loose side hand grips (grab bar).	C 133	C133 a. The grab bar will be repaired. Maintenance will check bars monthly to ensure all are in proper use.	-11/1/16
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by:	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
--	--

(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 153	<p>Continued From page 3</p> <p>1. Based on observation, the building did not meet the requirements for outside entrance and exits. This would affect residents, staff and visitors by requiring more time to exit the building during an emergency.</p> <p>Findings on September 6, 2016:</p> <p>a. Exit near Bedroom 128 - the replacement door handle for the exterior door did not provide single hand motion to exit the building.</p> <p>b. Exit near Bedroom 116 - the replacement door handle for the exterior door did not provide single hand motion to exit the building.</p> <p>c. Front Exit - the replacement door handle for the exterior door did not provide single hand motion to exit the building.</p> <p>d. Dining Room Exit - the replacement door handle for the exterior door did not provide single hand motion to exit the building.</p> <p>e. Exit near Bedroom 213 - the replacement door handle for the exterior door did not provide single hand motion to exit the building.</p>	C 153	<p>C153 a,b,c,d,e: door handles will be replaced with single hand motion to exit - Maint. will monitor to ensure all door handles are proper.</p>	11/30/16
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.</p>	C 164	<p>C164 Walls, ceilings, floor/floor coverings and furniture will be cleaned HE will monitor daily</p>	11/8/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 164	Continued From page 4 Findings on September 6, 2016: a. Corridor near Bedroom 114 - the ceiling was stained around HVAC grille. b. Bedroom 204 - the ceiling was stained near the Corridor door.	C 164	a+b: Stains will be removed - 11/8/16 Maintenance will monitor to ensure no more stains occur	11/8/16
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 failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards. Findings on September 6, 2016: a. Bedroom 122 - the HVAC return with their radiation dampers have an excessive accumulation of <u>dust/lint</u> . b. Bedroom 116 - the HVAC return with their radiation dampers have an excessive accumulation of <u>dust/lint</u> . c. Corridor near Bedroom 114 - the HVAC return with their radiation dampers have an excessive accumulation of <u>dust/lint</u> . d. Library - the HVAC return with their radiation dampers have an excessive accumulation of <u>dust/lint</u> . e. Private Dining - the HVAC return with their radiation dampers have an excessive accumulation of <u>dust/lint</u> .	C 166	a-f: All HVAC returns - 11/8/16 will be dusted and cleaned on a regular basis. Maintenance will do. Maintenance and staff will monitor weekly	11/8/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
THE OAKS OF ALAMANCE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1670 WESTBROOK AVENUE
BURLINGTON, NC 27215**

(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 166	Continued From page 5 f. Private Dining - a HVAC grille was falling out of the ceiling.	C 166		
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. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on September 6, 2016: a. Bedroom 112 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. b. Public Restroom - an electrical power receptacle was within six feet of the sink, and was not ground fault protected.	C 188	a. Electrical receptacle will be repaired b. Receptacle will be ground-faulted	11/30/16 11/30/16
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)	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 6</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 6, 2016: a. Bio-Hazard Room near Bedroom 114 - this room is being used to store soiled linen and did not have a corridor door that was self-closing or automatic closing by smoke detection as required for soiled linen storage.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because exit door have signage that deters usage of exits. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 6, 2016: a. All exit doors except front - these exits each were equipped with a paper signage that reads "ONLY ENTER AND EXIT MAIN ENTRANCE. NO EXCEPTIONS PLEASE".and does not allow for exiting in an emergency. b. Exit near Bedroom 230 - this exit had yellow caution tape stretched across the open deterring usage of exit. Deficiency corrected before Construction Surveys departed the site.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not restrict smoke. This could affect all residents, staff and visitors by not</p>	C 189	<p><i>C189</i> a. An automatic self closing door will be installed. Maintenance will monitor monthly. - 11/30/16</p> <p>2 a. All signs will be replaced with proper signs, maintenance will monitor periodically. - 11/8/16</p> <p>b. Corrected → 9/6/16</p>	

Division of Health Service Regulation

PRINTED: 10/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 7</p> <p>containing the smoke in the compartment of origin. Findings on September 6, 2016:</p> <p>a. Smoke Barrier near Bedroom 110 - the front leaf, of the double-egress cross-corridor door, hit it's frame and would not close completely when the fire alarm system released the doors.</p> <p>b. Smoke Barrier near Bedroom 110 - the cross-corridor double-egress doors, had there astragal removed and did not provide a smoke tight seal between the meeting edges of the doors when the fire alarm system released the doors</p> <p>4. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 6, 2016:</p> <p>a. Cross-Corridor Doors near Bedroom 110 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages.</p> <p>b. Cross-Corridor Doors near Bedroom 216 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages.</p> <p>5. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on September 6, 2016:</p> <p>a. Clean Linen - the fire sprinkler heads were debris-loaded with lint.</p>	C 189	<p>a, b doors and seals will be repaired. → 11/30/16</p> <p>- maintenance will periodically check doors and seals are proper.</p> <p>a-b Exit signs will be repaired → 11/30/16</p> <p>- Maint. will monitor on a monthly basis or as needed if power</p> <p>a. fire sprinkler heads will be cleaned → 11/9/16</p> <p>Maint. will monitor monthly</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 8</p> <p>6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on September 6, 2016: a. Library - the corridor door's coordinator, was not working and the door closures are not adjusted to close the door leafs in proper sequence so they can close and latch properly.</p> <p>7. Based on Observation, the Building was not maintained safe and operating, because some building components fail to function as originally intended or are missing. This could affect residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on September 6, 2016: a. Exit near Bedroom 116- the exterior exit door hits the alarm sensor, requiring more than 15 pounds of force to set the door into motion. b. Bedroom 222- the corridor door hits its frame, requiring extra force to close and latch the door.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 6, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2016, there has been no record keeping of the monthly inspections.</p> <p>9. Based on observations, the Building fire safety was not maintained in a safe and operating</p>	C 189	<p>6a. Corridor doors will be repaired. - 11/8/16 Maintenance will check door usability to ensure they are proper.</p> <p>7a,b: Corridor doors will be repaired. - 11/8/16 - Maintenance will check weekly to ensure they are working properly.</p> <p>a. Hood inspection will be completed and records kept in facility. - Administrator will ensure hood inspection are done with proper care.</p>	<p>11/8/16</p> <p>11/8/16</p> <p>11/8/16</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215		
(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 189	Continued From page 9 condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 6, 2016: a. Bedroom 204 Bathroom- there was a 5 x 16 inch hole through the fire-resistance-rated ceiling assembly. b. Sprinkler Room - there was a gap around a copper pipe where the escutcheon was falling and was not firestopped as it penetrate the fire-resistance-rated ceiling assembly. c. Sprinkler Room - there was a gap around a metal support not firestopped as it penetrate the fire-resistance-rated ceiling assembly. d. Sprinkler Room - there was a gap around the sprinkler riser not firestopped as it penetrate the fire-resistance-rated ceiling assembly. e. Activity Room - a cable had its firestopped sealant pulled out leaving a hole not firestopped as it penetrate the fire-resistance-rated ceiling assembly. 10. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 6, 2016: a. TV room - the automatic flush bolt on the inactive leaf of the double doors did not latch in to its frame, therefore the active leaf had no latched leaf to latch to. 11. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing	C 189	<i>C189 a-e: All gap and sealants - 11/9/16 will be repaired</i>	
			<i>C189 a. TV room will have a latch installed - 11/8/16</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 10</p> <p>smoke and fire in the room of origin. Findings on September 6, 2016:</p> <p>a. Bedroom 230 - the corridor door had holes through it where the replacement hardware did not cover the installation holes to the pervious hardware.</p> <p>b. Bedroom 108 - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch.</p> <p>c. Bedroom 104 - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch.</p> <p>d. Activity Room - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch.</p> <p>12. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on September 6, 2016:</p> <p>a. Corridor near Bedroom 120 - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of fire and smoke.</p> <p>b. Clean Linen near Bedroom 104 - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke.</p> <p>c. Activity Room Closet 104 - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke.</p> <p>d. Activity Room's Office Closet- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling,</p>	C 189	<p>a. hardware will be replaced to cover hole - 11/9/16</p> <p>b-d = door will have push/pull latch installed - 11/30/16</p> <p>c189</p> <p>a-d = proper escutcheon plates will be installed - 11/30/16</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 11</p> <p>allowing the spread of fire and smoke.</p> <p>e. Kitchen above Ice Machine - the concealed fire sprinkler escutcheon plate had been painted over and may not release when needed.</p> <p>f. Kitchen above Ice Machine - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of fire and smoke.</p> <p>13. Based on observation, the electrical system was not being maintained safe. Findings on September 6, 2016: a. Loading Dock - the GFCI electrical outlet's weatherproof cover was missing.</p>	C 189	<p>e-f = Escutcheon plates will be installed to properly cover holes</p> <p>a.</p>	11/30/16
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This</p>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 199	<p>Continued From page 12</p> <p>could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 6, 2016:</p> <p>a. Bio-Hazard Room near Bedroom 114 - this soiled linen room with utility sink did not have a working exhaust ventilation system and odors were present.</p> <p>b. Bedroom 104 Bathroom- the exhaust ventilation system did not work.</p> <p>c. Staff Toilet Room in Copy Room - the exhaust ventilation system did not work.</p>	C 199	<p>→ a. Ventilation Exhaust system will be installed 11/30/16</p> <p>b. the exhaust ventilation system will be repaired 11/30/16</p> <p>c. Exhaust ventilation systems will be repaired 11/30/16</p> <p>- Maintenance will monitor monthly to ensure ventilation is in working order.</p>	