Division of Health Service Regulation

AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	,
		HAL001134	B. WING		09/06/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	05/06/2016	_
THE OAK	KS OF ALAMANCE		STBROOK A			
		BURLING	TON, NC 27			
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.BE COMPL	ETE
C 000	Initial Comments		C 000			
C 101	Records indicate that licensed November Beds. Based on this required to meet the Minimum and Desire Regulations; applica Licensing of Adult Cibeds; and the 1991 Code, Section 409.1 Deficiencies were no Correction.  Existing Licensed Fassection 100 Pf 100 NCAC 13F 1030 PHYSICAL PLANT For The physical plant residence in the second section of the physical plant residence and second section of the physical plant residence and second section of the physical plant residence and second second second section of the physical plant residence and second second section of the physical plant residence and second seco	at this facility was first 13, 1991 for Sixty-Nine (69) information, the facility is 1991 Homes for the Aged- ed Standards and able portions of the 2005 are Homes of Seven or More North Carolina State Building Institutional (I) Occupancy.  oted which require a Plan of ac- No less than '71 Rules HYSICAL PLANT 1 APPLICATION OF REQUIREMENTS equirements for each adult	C 101			
Division of Hea	care nome shall be a (2) Except where off licensed facilities or p facilities shall meet licensed in service or requirements in effect change in service or renovation, or alterati the requirements for no addition or renovat than those requirement "Minimum and Desire Regulations" for "Hon copies of which are a Health Service Regulation This Rule is not met	polied as follows: herwise specified, existing portions of existing licensed censure and code at at the time of construction, bed count, addition, ion; however in no case shall any licensed facility where ation has been made, be less ents found in the 1971 and Standards and mes for the Aged and Infirm", vailable at the Division of lation at no cost;	-	Centive Director	(X6) DATE	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CIJA	(X2) MUTTER	LE CONSTRUCTION		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:			E SURVEY PLETED
NAME OF THE O	HAL001134	B. WING		09/	06/2016
NAME OF PROVIDER OR SUPPLIER	OTALLIA		STATE, ZIP CODE		
THE OAKS OF ALAMANCE	1670 WE	STBROOK A	VENUE		
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	GTON, NC 27	215		
PREFIX . (EACH DEFICIENC	Y MUST BE PRECEDED by cold	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION	(X5)
AG KEGULATORY OR	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A	APPROPRIATE	COMPLET DATE
C 101 Continued From pa	200.1		DEFICIENCY)		<u> </u>
Tom pa		C 101			
meet the 1001 No	rvation, the Building did not State Building Code at the				I
time of initial Licens	sing, This could affect all				
residents, staff and	Visitors during a fire				
emergency if there	are no vision panels to check				!
i tot smoke in the ad	Jacent smoke compartment				
Findings on Septen	nber 6, 2016: Doors near Bedroom 110 - the				
(   double-egress cros	s-corridor doors did not have				
vision panels.	Tools aid not have				
244			•	ĺ	
C 111 Must Have Current	San. & Fire Safety Reports	C 111		l i	
SECTION .0300 - P					
1 TUA NCAC 13F -030	DESIGN AND				
CONSTRUCTION				1	
f) The facility shall I	nave current sanitation and	,		İ	
inte and building sat	ety inspection reports which			·	
review.	in the home and available for				
	İ				
This Rule is not me	t as evidenced by:	İ			
<ol> <li>Based on record</li> </ol>	review and interview with	l		i	
the facility current (	he facility failed to maintain in	ļ			
twelve months) annu	completed within the last all inspection report(s)			1	
required by this Rule	This deficiency affects				
residents, staff and v	isitors by preventing any			1	
deficiency that may it	e discovered with annual			1	,
inspections from bein Findings on Septemb	nor 8 2016.	<u> </u>	a 1 m	امدريح	_1114
<ol> <li>There was no An</li> </ol>	nual Fire Alarm System	CIII a	Annual Fire All	aw should	-11
inspection and Testin	g Report in accordance with	()	3) he Inspectan	9 te Zin	
INFPA /2, available to	or review.	8	Annual Fire Ala Silve Inspectan	RPT !!!	
Inspection and Testin	nual Sprinkler System	13.0	7.7.1.1.1		
NFPA 25, available for	g Report in accordance with	β.	Armal Sprakers		11-7-176
<ul> <li>c. Records indicate</li> </ul>	d that the last annual Fire	w	ittle beimsbereter acht	Li Cou	
Marshal Inspection R	eport was performed on		ध्रम् । तः निर्मेतः ।		الماء
on of Health Service Regulation			- Fire Insportance	ا - ا	1/3°/1
E FORM		~	mple ted		

Division	of Health Service Re				FORM APPROVED
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY
			A. BUILDIN	G: 01	COMPLETED
		HAL001134	B. WING _		09/06/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	1 00/00/2010
THE OA	KS OF ALAMANCE	1670 WE	STBROOK	AVENUE	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	GTON, NC :	PROVIDER'S PLAN OF CORRECTION	0.00
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 111	Continued From pa	ge 2	C 111	- Fire system will be	Shecked
	August 28, 2015.			yearly, that or enough is	955 <b>8</b>
C 133	Bathrooms-Hand G	rino		internation atomics as it	
0 100		•	C 133	that admiration are	
	SECTION .0300 - P 10A NCAC 13F .030	HYSICAL PLANT			
	ENVIRONMENT				
	<ul><li>(e) The requirement rooms are:</li></ul>	ts for bathrooms and toilet			į
	(6) Hand grips shall	be installed at all			-
·	accessible to reside	d showers used by or	1	!	I
C 153	This Rule is not me 1. Based on obser- provide commodes, to residents with har affects all residents on not providing increas instability/balance, a fixtures. Findings on Septeml a. Bedroom 220 Ba a loose side hand gr  Exit Door Locks-Sing SECTION .0300 - PH 10A NCAC 13F .0303 ENVIRONMENT (h) The requirement exits are: (3) All exit door locks	t as evidenced by: vation, the facility failed to tubs and showers accessible ad grips. This deficiency who use theses fixtures by sed safety, controlled against and maneuverability at the ber 6, 2016: athroom - the commode had ips (grab bar).  gle Hand Motion  HYSICAL PLANT		athegrab bar willed refaured. Therefore and the chert the analysis of the chert all are in properties.	~
	This Rule is not met	as evidenced by:			
vision of Hea	alth Service Regulation				

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DAT	E SURVE
			A BUILDIN	NG: 01		PLETED
		HAL001134	B. WING _		00/	06/201
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CIT	Y, STATE, ZIP CODE		001201
THE OA	KS OF ALAMANCE	1670 WI	ESTBROOK	AVENUE		
		BURLIN	GTON, NC	27215		
(X4) ID PREFIX TAG	REGULATORY OR L	JEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMP DAT
C 153	Continued From page	ge 3	C 153			
	meet the requireme exits. This would aff visitors by requiring during an emergence a. Exit near Bedrood door handle for the exingle hand motion to be exited to be exited and motion to exit the bud. Dining Room Exhandle for the exterior door to exit the exterior door to exit the bud. Dining Room Exhandle for the exterior hand motion to exit the exterior door did motion to exit the bud. Dining Room Exhandle for the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door did motion to exit the exterior door door door door door door door	ber 6, 2016: om 128 - the replacement exterior door did not provide to exit the building. om 116 - the replacement exterior door did not provide to exit the building. eplacement door handle for not provide single hand ilding. it - the replacement door or door did not provide single he building. im 213 - the replacement exterior door did not provide	C153	a,b,c,d,e: door will be replaced us single hand marrian more emarre or 11 door 1000 project.	toekuti Horto	(%)
	SECTION .0300 - PH 10A NCAC 13F .0306 FURNISHINGS (a) Adult care homes (1) have walls, ceiling coverings kept clean : (2) have no chronic u (3) have furniture clea (4) This Rule shall appriacilities.	shall: gs, and floors or floor and in good repair; unpleasant odors; an and in good repair; pply to new and existing  as evidenced by: ation, the facility failed to	C 164	DWalls Ceilings, the covering small formation	per   floor	-11/8

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY
			A. BUILDIN	IG: 01	COM	IPLETED
		HAL001134	B. WING_		00	100/2040
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CIT	Y, STATE, ZIP CODE		06/2016
THE OAR	S OF ALAMANCE		STBROOK			
		BURLIN	GTON, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 4	C 1,64			11
1	Findings on Septem	nber 6, 2016	115	a+b Stains will	be cemuye	1-11/2/11
	<ul> <li>a. Corridor near B</li> </ul>	edroom 114 - the ceiling was		Maintenance will	i over i de d	. dolin
	stained around HVA	C grille.				!
	the Corridor door.	the ceiling was stained near		to ensure namo	ic Stains	,
1	the Corndor door.			OCCUT		
C 166	Housekeeping-Main	tained Free of Hazards	C 166			
ļ	FURNISHINGS (a) Adult care home (5) be maintained ir orderly manner, free hazards;	6 HOUSEKEEPING AND				     
i i di di di di di di di di di di di di	maintain the building orderly manner, free hazards. Findings on Septemba. Bedroom 122 - the adiation dampers had accumulation of dust adiation dampers had accumulation of dust accumulation of dust accumulation of dust. Library - the HVA ampers have an excustilint. Private Dining - the diation dampers have an excustilint.	vation, the facility failed to in an uncluttered, clean and of all obstructions and of all obstructions and one 6, 2016; the HVAC return with their ave an excessive flint. The HVAC return with their ave an excessive flint. The HVAC return ampers have an excessive flint. The HVAC return ampers have an excessive flint. The HVAC return with their rediation cessive accumulation of the HVAC return with their red an excessive an excessive an excessive an excessive an excessive an excessive and the e		a-f.: All HVAC will be dusted an cleaned on a regs basis. Maintenant do. - Maintenant and will monition wi	tor ce with	-11/8/10
a	coumulation of dust/	ve an excessive lint			1	

STATEME	of Health Service R				FORM	APPROVE
AND PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA /DENTIFICATION NUMBER:	(X2) MULT A BUILDIN	IPLE CONSTRUCTION NG: 01		SURVEY PLETED
		HAL001134	B. WING _		09/	06/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CIT	Y, STATE, ZIP CODE		00/2010
THE OA	KS OF ALAMANCE	1670 WE	STBROOK	AVENUE		
(X4) ID	CULANA DV DVA	BURLING	STON, NC	27215		
PRÉFIX TAG	REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETE DATE
C 166	Continued From page	ge 5	C 166			
	f. Private Dining - of the ceiling.	a HVAC grille was falling out		j ·		<u>.</u>
C 188	Electrical Outlete :-	NAZ-11 11	1	·		
J 100	Electrical Outlets in	vvet Locations	C 188			
	locations at sinks, ba	HYSICAL PLANT  0 ELECTRICAL OUTLETS electrical outlets in wet athrooms and outside of round fault interrupters.				
	provide electrical out bathrooms and outsi fault interrupters. Thi staff and visitors by r protection to these difficultings on Septemba. Bedroom 112 Bacircuit-interrupter (Greceptacle did not trip button and when test b. Public Restroom receptacle was within not ground fault prote	vation, the facility failed to lets in wet locations at sinks, de of building with ground s would affect residents, not providing ground fault evices. Der 6, 2016: throom - the ground-fault fCI) electrical power owith a push of the test ed with a circuit tester an electrical power six feet of the sink, and was exted.	C188	b. Receptable will be ground for the	acle	-11/30/K
5	Building Equipment M SECTION .0300 - PH IOA NCAC 13F .0311	faintained Safe, Operating	C 189			

PRINTED: 10/06/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL001134 09/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE THE OAKS OF ALAMANCE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189 Continued From page 6 C 189 which shall not apply to existing facilities. This Rule is not met as evidenced by: 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: C189 a. an automatic self -11/30/16 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 installed. for soiled linen storage. Mannetenance will monitor Based on observation, the Building was not 经网络事品管理 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: replaced with proper signs, manifor proper signs, manifor proper signs will be server signs will be server signs. 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. Exit near Bedroom 230 - this exit had yellow

Division of Health Service Regulation

caution tape stretched across the open deterring usage of exit. Deficiency corrected before Construction Surveys departed the site.

 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

	(X1) PROMPERS		FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	
	TENTION NUMBER:	A. BUILDING: 01	(X3) DATE SURVEY
	1		COMPLETED
	HAL001134	B. WING	1
NAME OF PROVIDER OR SUPPLIER	STREET		09/06/2016
THE OAKS OF ALAMANCE	1670 M/s	DDRESS, CITY, STATE, ZIP CODE	
	RIPLIN	STBROOK AVENUE	
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES	GTON, NC 27215	
		ID PROVIDER'S PREFIX (EACH CORRECT	PLAN OF CORRECTION (X5)
. The state of the	MOST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		
C 189 Continued From page		I THOUGHTE ENER	CED TO THE APPROPRIATE COMPLETE EFICIENCY)  COMPLETE DATE
C 189 Continued From pag	ge 7	C 189	
containing the smok	e in the compartment of	1 1	
		1	ļ
Findings on Septem	ber 6, 2016 <sup>,</sup>		İ
a. Smoke Barner n	ear Bodroom, 440		1.1.1.
		Saib! doors	and Seals - (1BO)
		will be ref	nice d.
		20,7,20,704	
i o. Onlore partier na	99r Bodroom 440 I	-maint and	occe son 11
o oog-comuch namale	Parece desert 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 27 1 00 100 13	. A head
		missage and	A MARKET TO THE PARTY OF THE PA
		duars and	취임 4 (B) CM (원
doors when the fire a	arm system released the	brober	
	1	•	
4. Based on observa	ation the bullet	1	
r emergency guillings	fluore med 1	!	1 1
		!	i 1
			† 1
I was a mid along was	to an exit during on		
The general	1		
Findings on Septembe	er 6, 2016	1	' 1 1.
a. Cross-Commor Do	Ore noor Bodon	no la 1 th wit	signs will +11/30/18
. Signature and the contract was	YEV OR hadless	CHARLEXIA	21202 min _11/03/11
		berefaired	1
2. 01033-CUITION I IN	Ore hoar Dod	<b>● 野月12日(12月)</b>	I Washing
I TO SALE SIGHT OF THE WAY	rk on bookum	caa nonivi	De Brand Can
		me at a se	1001 10 1 100
provide directions during	g power outages.	or at norms	\$ 14 2421 5V
	·		
the Building was not	ions and record review,		
i are sending was not me	Sintained in a f.	I	1
become obstructed with	e fire sprinkler heads have n debris. This could affect	1	
all residents, staff and	risitors if the fire sprinkler		! !
heads' have their therm	al elements insulated with	ļ	
debris causing a delay i	n the response to		
i i i i i geblernber	6 2016:	_	Kier heads - 11/9/14
a. Clean Linen - the fir	e Sprinkler boods	b. fice social	Kier heads +1119114
1	c abunivier tieads welle	Millie Opinio	. 1211.4
Good Good Will lint	I I	L / 3	_ n
debris-loaded with lint. of Health Service Regulation ORM		AND 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1901 Jak, Mandelli

DING: 01	DATE SURVEY COMPLETED
	00/00/0040
TY STATE ZIR CODE	09/06/2016
K AVENUE	
27215	
PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE
ba. Corridor doors will be repaired.  Maintenance will chee door useeffy to ensure the tare property.	*
Majo: Corridor doors will be reposed Maintenance will check weakly to Properly they are working to Properly	
a. Hood inspection will be completed and record.  Kept in facility.  - Administrator will ensure hood in feeting control of the control of th	4
	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  LOA. CONTRICT DEFICIENCY  LOA. CONTRICT DEFICIENCY  MAINTENANCE WITH EACH CONTRICT  CONTRICT OF CONTRICT  LOAD CONTRICT

Division of Health Service Regulation	1			FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION IDEN	VIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVEY
IDEN	ITIFICATION NUMBER:	A. BUILDIN		COMPLETED
	AL001134	B. WING _		09/06/2016
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	/, STATE, ZIP CODE	
THE OAKS OF ALAMANCE		STBROOK		
		GTON, NC	27215	
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE	F DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
TAG REGULATORY OR LSC IDENTIF	YING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES.)	D.BE COMPLETE I
			DEFICIENCY)	PRIATE DATE
C 189 Continued From page 9		C 189		
condition. This could expose	e residents staff and			
visitors to fire/smoke if not co	ontained in Room or	i		
compartment of origin		ļ	1	
Findings on September 6, 20	016:			- 1 M
a. Bedroom 204 Bathroom	there was a 5 x 16		a-e: All gap and so will be repaired	1011 1- 24001.
inch hole through the fire-res assembly.	istance-rated ceiling	A 199	ne All gap ands	الوادا تستندها
b. Sprinkler Room - there w	une e ann arrived e	C189	Will be repaired	1 1
copper pipe where the escut	ras a gap aroung a cheon was falling		Will had the	
ans was not firestopped as it	penetrate the			i <b>i</b>
i fire-resistance-rated ceiling a	assembly			
C. Sprinkler Room - there w	as a gap around a			
metal support not firestopped	as it penetrate the			
fire-resistance-rated ceiling a	ssembly.			
<ul> <li>d. Sprinkler Room - there w sprinkler riser not firestopped</li> </ul>	as a gap around the			
fire-resistance-rated ceiling a	as it penetrate the			
e. Activity Room - a cable h	ad its firestopped			
sealant pulled out leaving a h	old not firestonned	ļ	l i	
as it penetrate the fire-resista	ince-rated ceiling			i
assembly.	_		İ	1
L10 Reced on observation the	- B- 11-12			1 1
<ol> <li>Based on observation, the maintained in a safe and oper</li> </ol>	a Building was not		i	
because the corridor doors di	d not regist the			
passage of smoke due to the	doors not			i 1
positively/automatically latching	ng into their frame			
under normal closing force. T	bis could affect alli			
residents, staff and visitors if t	the doors were not 1			
latched and did not contain sr room of origin.	noke/fire in the			
Findings on September 6, 201	16.			4 3
a. TV room - the automatic f	lush holt on the	0.00	a my passes to have	11/8/11/
mactive leaf of the double doo	rs did not latch in to	(181	a.TV room will have a latch installed	~! » !!«
its frame, therefore the active	leaf had no latched		latch installed	
leaf to latch to.			***	į į
11 Based on Oherson				
<ol> <li>Based on Observation, the maintained in a safe condition</li> </ol>	Building was not	İ		
residents, staff and visitors by	not containing			
ision of Health Service Regulation	not containing !			

_	Division	of Health Service Re	egulation			FOR	MAPPROVED
	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(V2) DAT	E SURVEY
'	AND PUA	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			APLETED
ĺ							
L			HAL001134	B. WING _		00	10010040
١,	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDEES OF	, STATE, ZIP CODE	09	/06/2016
l				STBROOK			
	THE OA	KS OF ALAMANCE		STON, NC			
-	(X4) JD	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		
	PREFIX TAG	REGULATORY OR 15	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE
		The state of the s	SO IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
	C 189	Continued From pa	10		DEI ICIENCI)		-
	0 100			C 189			
		smoke and fire in th	e room of origin.	1			
		Findings on Septem	ber 6, 2016:	} \	a. hard some mult explained to cover he d = door will have p pull latch installe		10/4 his
		a. Bedroom 230 -	the corridor door had holes		a. hard was well	int.	-11/3/11
		through it where the	replacement hardware did		restated in prove h	-30	1
		hardware.	ation holes to the pervious	-	Software 19 Court !!	L3 13-	
			the corridor do b - d -	h-	d = door will have is	ushi	11/30/14
		holding the door one	the corridor door had a wedge on, preventing the rapidly		Land towning on Ma Ho	,	Γ',
	/	release of the door v	with a push or pull of the door,		RATE STATES AT SYSTEM SEA.	£.74	
		to close and latch.	a passi or pair of the door,		,		I
	1 1	c. Bedroom 104 - 1	the corridor door had a wedge				i
		holding the door ope	n, preventing the rapidly				
	Ì	release of the door v	with a push or pull of the door,				
	- ( )	to close and latch.	-				
	$\sim$	a. Activity Room - I	he corridor door had a				
	7	wedge notding the d	oor open, preventing the				]
		the door, to close an	door with a push or pull of				1
		the door, to close an	d laten.				ļ
	· !	12. Based on observ	vation, the Building Sprinkler				
		System was not mair	ntained in a safe and				i .
		operating condition.	This could affect all				
	- 1	residents, staff and v	risitors if smoke/fire is not	C189			i i
		contained in the Roo	m or compartment of origin.	L	a-d= proper escute	的起源的	أودواحمل
		Findings on Septemb	per 6, 2016:		and= Proper	g l	-11130110
		a. Corridor near Be	droom 120 - the fire sprinkler		The wall be insto	life	' '
		escutcheon plate did	not cover the complete hole		plates will be in		İ
	'	the spread of fire and	tance-rated ceiling, allowing		a-d= proper escute plates will be insta		
		b. Clean Linen ries:	Bedroom 104 - the fire				
		sprinkler escutcheon	plate was missing, exposing				
		openings through the	fire-resistance-rated ceiling				]
	1	allowing the spread o	of fire and smoke.				
		<ol><li>Activity Room Cit</li></ol>	oset 104 - the fire sprinkler			i	
		escutcheon plate was	s missing, exposing				
		openings through the	fire-resistance-rated ceiling				1
	1.6	allowing the spread o	f fire and smoke.				- 1
	- 1	<ol> <li>Activity Room's C</li> </ol>	Office Closet- the fire				j
	13	sprinkler escutcheon	plate was missing, exposing			į	[
de l		openings through the alth Service Regulation	fire-resistance-rated ceiling,				
- IQII	ALL ALL LINES	no service Regulation					

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Division of Health Service Regulation

PRINTED: 10/06/2016 FORM APPROVED

STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE	SURVEY
11112	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED
ļ						
		HAL001134	B. WING			
NAME OF	PROVIDER OR SUPPLIER				09/0	06/2016
				STATE, ZIP CODE		
THE OA	KS OF ALAMANCE		TBROOK A			
die en la	2.00		TON, NC 2	7215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD B≘	(X5) COMPLETE DATE
C 189	Continued From page	ne 11	C 189			
	allowing the spread e. Kitchen above ke fire sprinkler escutch over and may not re f. Kitchen above ke escutcheon plate did through the fire-resis the spread of fire and 13. Based on observ was not being mainta Findings on Septemi	of fire and smoke.  De Machine - the concealed heon plate had been painted lease when needed.  De Machine - the fire sprinkler if not cover the complete hole stance-rated ceiling, allowing dismoke.  Wation, the electrical system ained safe.  Der 6, 2016; the GFCI electrical outlet's		e-fa Escuticheon will be installed - properly court hold	blates,	-11/30/14
C 199	Exhaust Ventilation		C 199			
	provided with exhaus two cubic feet per mil requirement does not before April 1, 1984, at these specified space (1) soiled linen storag (2) soil utility room; (3) bathrooms and to (4) housekeeping clo (5) laundry area. (k) This Rule shall apply the Rule is not met a facilities with the excession of the Rule is not met a facilities.	d in this Paragraph shall be to ventilation at the rate of nute per square foot. This apply to facilities licensed with natural ventilation in estage;  with recoms;  ge;  wilet rooms;  sets; and  oply to new and existing eption of Paragraph (e) to existing facilities.				
	<ol> <li>Based on Observe plastic sheet, the facility entilation system in p</li> </ol>	ation and testing with a thin ity failed to maintain the proper working order. This	İ			
ision of Hea	ith Service Regulation					

Divi

STATEME	of Health Service R	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING			E SURVEY PLETED
		HAL001134	B. WING		09/	06/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
THE OA	(S OF ALAMANCE		STBROOK A			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	i ID	PROVIDER'S PLAN OF COR	RECTION	///
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPL DAT
C 199	Continued From pa		C 199			<del> </del>
	preventing the exhall Findings on Septem a. Bio-Hazard R soiled linen room will working exhaust verwere present.  b. Bedroom 104 B ventilation system d. Staff Toilet Room	nber 6, 2016:  oom near Bedroom 114 - this  ith utility sink did not have a  ntilation system and odors  athroom- the exhaust		a. Ventaliation is agatem vail to be the extraport variation in the restrict of the contract o	entalation eparced eparced erection erection erection erection erection erection erection erection	:n/3
					İ	