STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001134	A. BUILDING: **01** B. WING _____	R **12/14/2016**

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THE OAKS OF ALAMANCE	**1670 WESTBROOK AVENUE BURLINGTON, NC 27215**

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 14, 2016. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{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 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: 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 August 28, 2015 Findings on December 14, 2016: a. Records indicate that the last Annual Fire Alarm System Inspection and Testing Report in	{C 111}		

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{C 111}	Continued From page 1 accordance with NFPA 72 was performed in Decembwer 2, 2015, exceeding the requirement to have the system inspected and tested at least annually to insure that the system works properly. b Records indicate that the last annual Annual Fire Alarm System Inspection and Testing Report, performed on December 2, 2015, listed a keypad annunciator at the FACP as not working.	{C 111}		
{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: 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. Findings on September 6, 2016: a. Exit near Bedroom 128 - the replacement door handle for the exterior door did not provide single hand motion to exit the building. c. Front Exit - the replacement door handle for the exterior door did not provide single hand motion to exit the building. d. Dining Room Exit - the replacement door handle for the exterior door did not provide single hand motion to exit the building.	{C 153}		

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{C 164}	Continued From page 2	{C 164}		
{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 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. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 6, 2016: b. Bedroom 204 - the ceiling was stained near the Corridor door.	{C 164}		
{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:	{C 166}		

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{C 166}	Continued From page 3 a. Bedroom 122 - the HVAC return with their radiation dampers have an excessive accumulation of dust/lint. b. Bedroom 116 - the HVAC return with their radiation dampers have an excessive accumulation of dust/lint. d. Library - the HVAC return with their radiation dampers have an excessive accumulation of dust/lint.	{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}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

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{C 189}	Continued From page 4 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: 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: 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. 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: a. Clean Linen - the fire sprinkler heads were debris-loaded with lint. 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	{C 189}		

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{C 189}	Continued From page 5 sequence so they can close and latch properly. 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. 9. Based on observations, the Building fire safety was not maintained in a safe and operating 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. c. Sprinkler Room - there was a gap around a metal support not firestopped as it penetrate the fire-resistance-rated ceiling assembly. 11. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 6, 2016: 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.	{C 189}		

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{C 189}	Continued From page 6 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. 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: 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. 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. 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. d. Activity Room's Office Closet- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. e. Kitchen above Ice Machine - the concealed fire sprinkler escutcheon plate had been painted over and may not release when needed. 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.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 199}		

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{C 199}	Continued From page 7 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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 6, 2016: 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. b. Bedroom 104 Bathroom- the exhaust ventilation system did not work. c. Staff Toilet Room in Copy Room - the exhaust ventilation system did not work.	{C 199}		