Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 8. WING HAL001134 03/02/2017 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LGC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (C 000) Initial Comments (C 000) Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on March 2, 2017. The following deficiencies cited during the previous Biennial Follow Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. Several new citations were added. (C 111) Must Have Current San. & Fire Safety Reports (C 111) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(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: 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 15 14 deficiency that may be discovered with annual inspections from being corrected. Findings on Degember 14, 2016: Records indicate that the last Annual Fire. Alarm System Inspection and Testing Report in 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. 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. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL001134 03/02/2017 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 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) OROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) (C 189) Building Equipment Maintained Safe, Operating (C 189) 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: 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. Man Exit sign repaired spales emaintainment will be responsible for maintaining. 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. 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: Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2016, there has been

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION PROVIDER/SUPPLIER/GLIA (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 WING HAL001134 03/02/2017 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 PROVIDER'S PLAN OF CORRECTION (M5) COMPLETE (KACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSG IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 189) Continued From page 2 (C 189) no record keeping of the monthly inspections. New Findings on March 2, 2017: Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in July 11. 108 down was repend 3/24, of 2016. 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: 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 199) Exhaust Ventilation (C 199) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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: soiled linen storage; 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: Based on Observation and testing with a thin

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/BLIA (X2) MULTIPLE CONSTRUCTION (X2) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL001134 03/02/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE THE OAKS OF ALAMANCE BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {C 199} Continued From page 3 (C 199) 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. od. Exhaust ventalation 3/54/17 sin bas hazard room reparted 3/28/17 Findings on September 6, 2016: 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. Findings on March 2, 2017: New exhaust ventilation unit was not pulling. out air. Bedroom 104 Bathroom- the exhaust ventilation system did not work... Division of Health Service Regulation

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