

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/01/2017
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NAME OF PROVIDER OR SUPPLIER
ROYAL OAKS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**1107 CARTHAGE STREET
SANFORD, NC 27350**

(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)	(X6) COMPLETE DATE
C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller on August 3, 2017. Records indicate this facility was first licensed on 8-12-1995, for 60 beds. Based on this information, the facility is required to meet the 1983 Rules for the Licensing of Domiciliary Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy. Deficiencies were cited that require a 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 Staff in Charge, 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 all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on August 3, 2017: a. The current annual Fire Alarm System Inspection and Testing Report in accordance with	C 111	<i>Rule met inspection completed sept 2016 will be reinspected by sept 30, 2017 for annual inspection</i>	

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

STATE FORM

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J08C21

TITLE

Administrator

(X6) DATE

9.7.17

If continuation on sheet 1 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 08/03/2017
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350			
(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 1 NFPA 72, was not available for review.	C 111			
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 prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on August 3, 2017: a. Mech Room - the floor drain had dried-up, allowing sewer gases to enter the Building. Deficiency corrected before Construction Surveyor departed site. 2. Based on Observation, the facility failed to keep walls and ceilings clean and in good repair. Findings on August 3, 2017: a. Bedroom 16 - the closet wall is marred up in this room. b. Bedroom 16 - the closet door is marred up in this room. c. Restroom near Library - the ventilation grille with is radiation damper has an excessive accumulation of dust/lint.	C 164			
C 189	Building Equipment Maintained Safe, Operating	C 189			

*Rule met all
Areas in rooms addressed by painters
varnishing ~~door~~
wall + closet door
Radiation damper
vacuumed / will
have housekeeping
vacuum monthly and
inspect to prevent*

8.4.17

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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350			
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C 189	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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: 1. 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 close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 3, 2017: a. Smoke Barrier - both leafs, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 2. 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 August 3, 2017: a. Smoke Barrier on Bedroom 14 Side- the exit sign did not illuminate on backup power when tested. b. Med Room, Library, Kitchen, Nurse Station and Surround Corridor - the remote headlight for the central emergency light system did not illuminate on backup power when tested.	C 189	Further occurrence Rule met door will be adjusted by Sept 20, 17 Rule met, New Exit sign provided All emergency lights working in good repair Maintenance will check monthly	9.30.17 9.30.17	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL083027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2017
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350		
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C 189	Continued From page 3 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on August 3, 2017: a. Housekeeping across from Bedroom 3 - there are gaps around the new cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Nurse Office - there is a 1 inch x 2 inches hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on August 3, 2017: a. Housekeeping Near Bedroom 11 - the corridor door is equipped with a dead bolt lockset and cannot automatically latch into its frame. b. Bedroom 11 - the corridor door does not latch when the door is closed. c. Bedroom 9 - the corridor door is not latching when the door is closed. d. Therapeutic Room - the latch bolt for the corridor door is retracted and will not latch the door. e. Bedroom 3 - the corridor door had an umbrella holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. f. Bedroom 3 - the corridor door requires extra force and/or effort to close the door so it can latch. g. Dining - the pair of corridor doors did not	C 189	Fire corking put around all new wiring to all areas. Maintenance will monitor all areas to ensure all areas are fire corked. Rule met Locks replaced to doors latching properly Latch replaced, All doors functioning properly. Maintenance person will monitor daily and as needed	As 9.30.17 10.20.17 9.30.17

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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27380		
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C 189	Continued From page 4 latch when the fire alarm system released the doors. h. Dining - the left leaf of the pair of corridor door requires extra force and/or effort to close the door so it can latch when the fire alarm system released the doors. i. Dining - the exterior door leaf was very hard to start into motion j. TV Room - the corridor doors had chairs holding the doors open, preventing the rapid release of the doors with a light push or pull of the door, to close and latch. k. Bedroom 16 - the corridor door requires extra force and/or effort to close the door so it can latch. l. Bedroom 17 - the corridor door had a bottle of laundry detergent, holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. m. Beauty Shop - the corridor door had a piece of metal, holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 3, 2017: a. Kitchen - an electrical panel had an open slot where a breaker had been removed or blank fell out. This allows access to energized components that are not guarded against accidental contact. b. Bedroom 16 Bathroom - the light fixture is missing a light bulb. 6. 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.	C 189	(A) Blank ^{cover} replaced light bulbs installed	9/30/17	

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C 189	Continued From page 5 Findings on August 3, 2017: a. Staff Restroom in Staff Lounge - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 7. Based on Observation and interview with Administrator, the Building was not maintained accessible for inspection. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on August 3, 2017: a. Manager Office Closet - there was no key onsite to allow access into this area. b. Laundry Closets - there were no keys onsite to allow access into this area. 8. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. Findings on August 3, 2017: a. Corridor near Bedroom 8 - the portable fire extinguisher gauge indicated that recharging is required.	C 189	<i>4/12 met escutcheon plate adjusted and working properly</i>	9.30.17
C 199	Exhaust Ventilation 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: (1) soiled linen storage; (2) soil utility room;	C 199	<i>Keys placed on med tech ring for use</i> <i>All extinguishers checked and serviced by outside company</i>	9.30.17

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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27360			
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C 199	Continued From page 6 (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 August 3, 2017: a. Storage Room near Kitchen with Mop Sink - the exhaust ventilation system did not work, and the room smelled like sour mops. b. Staff Restroom in Staff Lounge - the exhaust ventilation system did not work, and the room had a musky odor.	C 199	Rule met New exhaust put in place working properly. Addressed area Housekeeping area - staff will monitor daily to prevent odors	9.30.17	

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If continuation sheet 7 of 7

HP Color LaserJet M352n

Fax Confirmation

Sep-7-2017 6:53:41

Job	Date	Time	Type	Transmitted	Duration	Pages	Result
3408	Sep 7, 2017	6:50:08 PM	Color	1/10/10/10	2:00	10	OK



STATE OF MARYLAND
DEPARTMENT OF THE GENERAL CLERK

STATE OF MARYLAND
DEPARTMENT OF THE GENERAL CLERK

CLAYTON TUCKER, MD, MPH
GOVERNOR

CHARLES JAYNE
GOVERNOR

August 1, 2017

Dear Mr. Governor:

Re: Request for Information (RFI) regarding the proposed
new Maryland Statewide Health Insurance Exchange (MSHIE).
The RFI was issued on August 1, 2017.

Thank you for your response.

The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017. The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017.

- 1. The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017.
- 2. The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017.
- 3. The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017.
- 4. The RFI was issued to solicit information from interested parties regarding the proposed new MSHIE. The RFI was issued on August 1, 2017.

Very truly yours,

CLAYTON TUCKER, MD, MPH
GOVERNOR

San Lee Security Inc.
105 West Main Street
Sanford, NC 27332
919-774-3005

We are in the process of ordering a battery for the emergency exit lights. If you have any questions, please contact us at your convenience.

Thank you,

Jacob Maness
San Lee Security Inc.
919-774-3005