(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL080019 03/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 234 NORTHDALE AVENUE **BEST OF CARE ASSISTED LIVING** KANNAPOLIS, NC 28081 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 14, 2018. Records indicate that this Facility was licensed as a HA facility with a capacity of Twenty Five (25) Residents on October 13, 1987. Based on this information we are requiring the facility to meet the 1984 Homes for the Aged and Disabled "Minimum Standards and Regulations" and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more Beds along with the 1978 Revision 8 Edition of the North Carolina State Building Code Volume I - General Construction Section 409 - Institutional Occupancy - (I). Deficiencies were cited that require a Plan of Correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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;

Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
		HAL080019	B. WING		03/1	4/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BEST OF	CARE ASSISTED LI	VING	HDALE AVE			
			DLIS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ige 1	C 101			
	Administrator, the fi Special Locking (m doors, failed to mee by the NC State Bu time of construction the installation of S buildings that are p approved supervise system or an autom buildings that are no could be a dangero of a fire. Findings on March a. Closets of the E supervised automa closets. b. Lobby Vestibula automatic fire detect	rvation, and interview with acility, which is equipped with agnetic locks) on the exit et the requirements as defined ilding Code in effect at the or alterations, which permits pecial Locking on exit doors of rotected throughout, by an ed automatic fire detection natic sprinkler system. In ot protected throughout, there has delay in detecting the start				
	provide component code. Failure to probuilding code could if the equipment did required to unlock e	s as required by the building by decomponents required by affect occupants of the facility donot function when and as exit doors in the event of an				
	emergency release "Special Locking Syrelease the locked	14, 2018: - when the local on/off switch was switch to off, the ystem" for this door did not				
	was activated, the " this door did not rel c. Fire Alarm Con	'Special Locking System" for ease the locked door. trol Panel - the "Special bes not have an informational				

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL080019	B. WING		03/1	4/2018
	PROVIDER OR SUPPLIER  CARE ASSISTED LIV	/ING 234 NORT	DRESS, CITY, S THDALE AVE DLIS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 101	Continued From pa wiring diagram and location map poster	a system components	C 101			
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what (f) This Rule shall a facilities.  This Rule is not med 1. Based on Record Executive Director/A Technician/Manage document a short of rehearsal involved. Not finding weakness improving evacuation Findings on March a. The rehearsal retime, shift, and staff	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the ocal Fire Prevention Code al. earsals shall be maintained d to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing et as evidenced by: ord review and interview with Administrator/Maintenance or the Facility failed to escription of what the This deficiency affects all by ss or opportunities for on responses.	C 185			
C 188			C 188			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL080019	B. WING		03/1	4/2018
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	4/2010
BEST OF	CARE ASSISTED LIV	VING	THDALE AVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 188	Continued From pa	ge 3	C 188			
		pathrooms and outside of ground fault interrupters.				
	provide electrical or with ground fault intresidents, staff, and ground fault protect Findings on March a. Nurse Station -	ervation, the facility failed to utlets in wet locations at sinks, terrupters. This would affect divisitors by not providing tion to these devices.  14, 2018: the electrical power sink is within six feet of the				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	emergency equipm safe and operating if they could not pro- during an emergence Findings on March a. Corridors inters	rvation, the building's ent was not maintained in a condition. This would affect all amptly find their way to an exit cy.  14, 2018: station at the Nurse Station - exit sign did not illuminate on				

6899

Division of Health Service Regulation STATE FORM

UC7721 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
		HAL080019	B. WING		03/14/2	
<b>,</b>			DRESS CITY S	STATE, ZIP CODE	1 00/1	4/2010
		234 NORT	HDALE AVE			
BEST OF	CARE ASSISTED LI	KANNAPO	DLIS, NC 28	081		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	maintained in a saf because the corridor passage of smoke. positively/automation under normal closin residents, staff, and latch to contain smooth Findings on March a. Laundry - the co	rvation, the Building was not e and operating condition, or doors do not resist the Corridor door must cally latch into their frame ag force. This could affect all divisitors if the doors did not oke/fire in the room of origin. 14, 2018: orridor door will not latch into builft up on the door.				
C 195	Hot Water System		C 195			
	provide an adequate kitchen, bathrooms closets and soil util temperature at all fibe maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the expense of the control	system shall be of such size to be supply of hot water to the laundry, housekeeping ity room. The hot water extures used by residents shall minimum of 100 degrees Fel shall not exceed 116 degrees				
	maintain the hot wa used by residents to degrees Fahrenhei degrees Fahrenhei Findings on March	ervation, the Facility failed to atter temperature at all fixtures to be a minimum of 100 to and shall not exceed 116 to the state of t				

6899

Division of Health Service Regulation STATE FORM

UC7721 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		HAL080019	B. WING		03/14/2018		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BEST O	BEST OF CARE ASSISTED LIVING  234 NORTHDALE AVENUE  KANNAPOLIS, NC 28081						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 195	temperature of 125 b. Shower Room	degrees Fahrenheit.  - the sink had a hot water degrees Fahrenheit.	C 195				

6899

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