(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 HAL026054 04/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 231 TREETOP DRIVE **FAYETTEVILLE MANOR FAYETTEVILLE, NC 28311** 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 Biennial Survey by Suzanna Fay conducted on April 3, 2018. Records indicate this facility was first licensed on April 1, 1986. This facility is currently licensed as a 60 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 C 101 Existing Licensed Fac- No less than '71 Rules 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; This Rule is not met as evidenced by:

Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING: <b>01</b>		COMPLETED	
	HAL026054	B. WING		04/0	3/2018
OVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
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Continued From pag	ge 1	C 101			
neet code requiremenovation or alterate ocking systems are omponents map and arm panel.  Findings on April 3,  The facility's connolude a wiring diag	nents in effect at the time tion. Facilities with magnetic required to post a and a wiring diagram at the fire 2018:	0.404			
SECTION .0300 - P 0A NCAC 13F .030 FURNISHINGS a) Adult care home 1) have walls, ceili overings kept clear 2) have no chronic 3) have furniture c e) This Rule shall acilities. This Rule is not me . Observations revere not kept in good findings on April 3, . Shower Room 3 haking it difficult to . Room 109 - the onaking it difficult to	HYSICAL PLANT D6 HOUSEKEEPING AND Is shall: Ings, and floors or floor In and in good repair; It unpleasant odors; Ilean and in good repair; Ilean an	C 164			
	SUMMARY STATE (EACH DEFICIENCY REGULATORY OR LS continued From page of the code requirement of the cod	DVIDER OR SUPPLIER  231 TREE FAYETTEN  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  . Observations revealed that the facility did not neet code requirements in effect at the time enovation or alteration. Facilities with magnetic ocking systems are required to post a components map and a wiring diagram at the fire larm panel.  indings on April 3, 2018: . The facility's component location map did not include a wiring diagram.  lousekeeping and Furnishings-Clean, Repaired  ECTION .0300 - PHYSICAL PLANT  OURNISHINGS a) Adult care homes shall: b) have walls, ceilings, and floors or floor overings kept clean and in good repair; b) have no chronic unpleasant odors; b) have furniture clean and in good repair; c) have no chronic unpleasant odors; c) This Rule shall apply to new and existing acilities.  his Rule is not met as evidenced by: . Observations revealed that the furnishings rere not kept in good repair.  indings on April 3, 2018: . Shower Room 3 - the door drags on the frame naking it difficult to operate Room 109 - the door drags on the frame naking it difficult to operate Observations revealed that the ceilings were of kept in good repair.  indings on April 3, 2018:	HAL026054  B. WING	HAL026054  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  231 TREETOP DRIVE FAYETTEVILLE, NC 28311  SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Ontinued From page 1  Observations revealed that the facility did not leet code requirements in effect at the time enovation or alteration. Facilities with magnetic cixing systems are required to post a omponents map and a wiring diagram at the fire larm panel. inclindings on April 3, 2018:  The facility's component location map did not iclude a wiring diagram.  Oussekeeping and Furnishings-Clean, Repaired  ECTION .0300 - PHYSICAL PLANT DANCAC 13F .0306 HOUSEKEEPING AND URNISHINGS  3) Adult care homes shall:  1) have walls, ceilings, and floors or floor overings kept clean and in good repair;  2) This Rule shall apply to new and existing inclinates. The facilities is not met as evidenced by:  Observations revealed that the furnishings rere not kept in good repair.  Shower Room 3 - the door drags on the frame laking it difficult to operate.  Cobservations revealed that the ceilings were of kept in good repair;  Observations revealed that the ceilings were of kept in good repair.	A SULLING OF SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  231 TREETOP DRIVE FAYETTEVILLE, NC 28311  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Ontinued From page 1  Observations revealed that the facility did not leet code requirements in effect at the time encovation or alteration. Facilities with magnetic ciking systems are required to post a omponents map and a wiring diagram at the fire larm panel. Indings on April 3, 2018:  The facility's component location map did not clude a wiring diagram.  Indings on April 3, 2018:  The valies and floors or floor overings kept clean and in good repair;  have furniture clean and in good repair;  This Rule is not met as evidenced by:  Observations revealed that the furnishings rere not kept in good repair.  Shower Room 3 - the door drags on the frame laking it difficult to operate.  Observations revealed that the ceilings were of kept in good repair.  Observations revealed that the ceilings were of kept in good repair.  Indings on April 3, 2018:

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL026054	B. WING		04/03/2018	
NAME OF I				STATE, ZIP CODE	1 04/0	3/2010
			TOP DRIVE	STATE, ZII GODE		
FAYETTE	EVILLE MANOR	FAYETTE	VILLE, NC 2	8311		
(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 164	Continued From pa	ge 2	C 164			
	There was a large yb. Room 129 - there 24" long where the	d the finish was flaking off. yellow stain by the entry door. re is a section approximately sheetrock tape has separated damaging the rated ceiling				
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				
	maintain electrical e equipment in safe of effect occupants of	et as evidenced by: ration the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	illuminate when tes b. The emergency main corridor did no c. The emergency not illuminate when d. The emergency not illuminate when	m - the emergency light did not ted. light outside of dining in the ot illuminate when tested. light outside of Room 117 did tested. light outside of Room 126 did tested. light in the Activity Room did				

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AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED	
		HAL026054	B. WING		04/0	3/2018
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FAYETTE	EVILLE MANOR		TOP DRIVE VILLE, NC 2	8311		
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C 189	Continued From pa	ge 3	C 189			
	Room did not illumi g. The emergency illuminate when tes	light in the TV Room did not ted.				
	maintain electrical e equipment in safe of of the facility could	vation the facility did not emergency/safety lighting operating condition. Occupants be effected if the signs could not be seen in the ncy evacuation.				
	not illuminate on bab. West Wing - the did not illuminate or c. Main Hall - the edid not illuminate or	n at the Nurses' Station did ttery backup. exit light/sign at the exit door n battery backup. xit light/sign at the back door				
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to g's fire safety systems in a es or gaps at penetrations at rated ceilings could allow pread beyond the area of				
	cable penetration in b. East Wing - ther at the exit light/sign c. West Wing Tub larger than the fan gin the rated ceiling a d. Laundry Room - ceiling at the heat d	m - there is an unsealed the back corner. e is a small hole in the ceiling in front of the fire doors. Room - the ceiling opening is grille leaving a substantial gap assembly. there is a small hole in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED	
		HAL026054	B. WING		04/0	3/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 1012 01 1	TO VIDER OR OUT FIELD		TOP DRIVE			
FAYETTE	VILLE MANOR		VILLE, NC 2			
(VA) ID	QLIMMADV QTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	)NI	(VE)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
C 189	Continued From pa	ge 4	C 189			
	nenetrating the ceili	ing that is not sealed.				
		pathroom - the ceiling is				
	damaged at the ligh					
		yee bathroom - the heat				
		l leaving a hole in the rated				
	ceiling assembly.					
		at detector near dining is not				
	assembly.	p in the rated ceiling				
	assembly.					
	4. Observations revealed that the emergency					
		maintained in working order.				
		ems that appear to be intact				
	can create a false sense of security for the					
	Residents.					
	Findings on April 3, 2018:					
		an inoperable call system.				
		have been disabled by				
		ords and/or push buttons.				
		the cords remain leaving the				
		call system is operable and				
		e if the cord were pulled or the				
	button pressed.					
	5 Based on observ	vation electrical equipment				
		ained in a safe manner.				
		electrical equipment is a safe				
	manner could effec	t the safety of person exposed				
	to the unsafe condi-					
	Findings on April 0	2010				
	Findings on April 3,					
		Room - the GFCI outlet at the is item was repaired at the				
	time of survey.	is item was repaired at the				
	6. Observations re	vealed that the plumbing				
	equipment was not	maintained in a safe,				
		Loose toilets that shift could				
	cause a resident to	fall.				

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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		
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C 189	Continued From pa	ge 5	C 189			
		1 - the toilet fixture is loose.				
	7. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated.					
	Findings on April 3, 2018:  a. Kitchen - the drain line for the icemaker was laying directly on the ground and was not installed to go to the drain nor did it have a minimum 2" air gap between the drain line and the floor drain. The floor under the icemaker was very wet.					
	maintain the buildin a safe operating co device used to keep impediment to quick occupants in the faction and the closed as	vation there is a failure to gs's fire safety components in ndition. Any unapproved o a door open is an kly closing the door. The cility could be effected if doors is required so as to limit the nd/or fire to the area of origin.				
		of the door leaves was a chair. The chair was				
	install and maintain devices or equipme install plumbing saf could effect all occu absence of the plur	vation there is a failure to required plumbing safety ent. Failure to maintain or ety devices or equipment upants of the facility if the mbing safety devices or the domestic water supply to ted.				

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Division	of Health Service Re	egulation				
	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	
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C 189	Continued From pa	ge 6	C 189			
	Findings on April 3, a. Salon - the hair have a vacuum bre	washing sink did not appear to				
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: (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.					
		et as evidenced by: vealed that the facility did not entilation in required areas.				
	working. b. Housekeeping - appear to be workir c. Back employee light/fan unit is not v d. Resident back b	2 - the exhaust fan is not the exhaust fan does not ng. bathroom - the combination				

odor.

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION  01	(X3) DATE COMP	SURVEY LETED
		HAL026054	B. WING		04/0	3/2018
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  231 TREETOP DRIVE					
IAILIII	LVILLE MANOR	FAYETTE	VILLE, NC 2	28311		
(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

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