		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01			R
		HAL013007	B. WING		06/	19/2018
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S			
CAREMO	OR RETIREMENT C	ENTER	AREMOOR PLA POLIS, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on June 19, 2018.					
	There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.					
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}			
	PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effi- change in service of renovation, or alter the requirements for no addition or renov than those requirer "Minimum and Des Regulations" for "H	APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction or bed count, addition, ation; however in no case sha or any licensed facility where vation has been made, be les ments found in the 1971 fired Standards and omes for the Aged and Infirm available at the Division of	ll s			
	1. Based on obser meet the code requ of construction or a required exits with by not providing eg evacuation of the b	C C				
ision of He	Findings on June 1 a. Cross-Corridor ealth Service Regulation	Pair of Doors on Left Corridor	-			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
	HAL013007		B. WING			R 06/19/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
CAREMO	OOR RETIREMENT C	INTER	REMOOR PLA OLIS, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLET HE APPROPRIATE DATE		
{C 101}	Continued From page 1		{C 101}				
	these doors, toward	gns directing you through ds the front exit nor toward the re visible when the doors are					
{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. 						
	was not maintained	vation, the Fire Alarm system I in a safe and operating Id affect all by not providing					
	Findings on June 19, 2018: a. Cross-Corridor Double Egress Smoke Barrier Doors - when the fire alarm system activated, the hold open devices did not released their automatic-closing doors to contained the smoke and fire in the compartment of origin. Interview with staff revealed that a vendor had been out to the site to make the repairs. The vendor was notified at the time of survey that the doors were not properly repaired.						
	was not maintained	vations, the Building fire safety I in a safe and operating d expose all to fire/smoke if					

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	BERTHIOM TOWNER.	A. BUILDING: 01				
	HAL013007	B. WING			R 19/2018	
PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
OR RETIREMENT C	ENTER					
SUMMARY STATEMENT OF DEFICIENCIES		ID				
		TAG	CROSS-REFERENCED TO	TO THE APPROPRIATE		
Continued From page 2		{C 189}				
not contained in Room of origin.						
Findings on June 19, 2018:						
a. Electrical/Boiler Room, - there are two						
firestopped as they penetrate the						
fire-resistance-rated ceiling assembly. Interview		1				
on what needed to be sealed. Corrections would		d				
be made immediat	ely.					
					1	
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER DOR RETIREMENT C SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L Continued From pa not contained in Ro Findings on June 1 a. Electrical/Boiler open-ended sleeve firestopped as they fire-resistance-rate with staff revealed on what needed to	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013007 HAL013007 PROVIDER OR SUPPLIER STREET. POR RETIREMENT CENTER 4876 C/ KANNA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 not contained in Room of origin. Findings on June 19, 2018: a. Electrical/Boiler Room, - there are two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Interview with staff revealed that they had been mistaken	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: (HAL013007 B. WING B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S OOR RETIREMENT CENTER 4876 CAREMOOR PLA KANNAPOLIS, NC 280 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 {C 189} not contained in Room of origin. Findings on June 19, 2018: a. Electrical/Boiler Room, - there are two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Interview with staff revealed that they had been mistaken on what needed to be sealed. Corrections would	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL013007 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE OR RETIREMENT CENTER 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY Continued From page 2 {C 189} OF COMPLACE (Eactrical/Boiler Room, - there are two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Interview with staff revealed that they had been mistaken on what needed to be sealed. Corrections would	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COM HAL013007 B. WING 06/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE POR RETIREMENT CENTER 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081 PROVIDER'S PLAN OF CORRECTION (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) Continued From page 2 {C 189} (C 189) not contained in Room of origin. Findings on June 19, 2018: a. Electrical/Boiler Room, - there are two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Interview with staff revealed that they had been mistaken on what needed to be sealed. Corrections would I	

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