

PRINTED: 07/10/2018  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>06/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREMOOR RETIREMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4876 CAREMOOR PLACE KANNAPOLIS, NC 28081</b>		
(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 000)	Initial Comments  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 000)		
(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: 1. Based on observation, the building did not meet the code requirements in effect at the time of construction or alteration, by not providing all required exits with exit signs. This could affect all by not providing egress directions for a prompt evacuation of the building.  Findings on June 19, 2018: a. Cross-Corridor Pair of Doors on Left Corridor -	(C 101)		

Division of Health Service Regulation

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

*Antia Under**Director of Operations*

TITLE

(X5) DATE

*7/17/18*

STATE FORM

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If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER  CAREMOOR RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081		
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(C 101)	Continued From page 1 there are no exit signs directing you through these doors, towards the front exit nor toward the back left exit that are visible when the doors are closed.	(C 101)	We are following the direction of the local Fire Marshall	7/17/18
(C 189)	Building Equipment Maintained Safe, Operating  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: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing smoke and fire control in the corridor.	(C 189)		
	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.  2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if		Spectrum Security was here the same day as inspectors. The wiring had some how got crossed and they put it back the way it should be, and the door works properly now.	6/19/18

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If continuation sheet 2 of 3

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(C 189)	Continued From page 2 not contained in Room of origin.	(C 189)		6/19/18
	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 be made immediately.		The open ended sleeves have been sealed with fire caulk.	7/17/18