Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL001134 B. WING 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE THE OAKS OF ALAMANCE **BURLINGTON, NC 27215** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey conducted by Suzanna Fay and Dennis Harrell on August 2, 2018. Records indicate that this facility was first licensed November 13, 1991 for Sixty-Nine (69) Beds. Based on this information, the facility is required to meet the 1991 Homes for the Aged-Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy. Deficiencies were noted which require a Plan of Correction. C 140 Linen Storage-Separate Clean & Soiled C 140 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room; This Rule is not met as evidenced by: Observations revealed that soiled linens were Linen Storage to return to not kept separate from clean linens. the room labeled "soiled Linen" by 10/15/2018 Findings on August 2, 2018: a. Laundry - several open tubs of soiled linens were on the floor of the laundry room. The door to the Clean Linen room was open.

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL001134 B. WING 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 160 | Continued From page 1 C 160 C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition: This Rule is not met as evidenced by: 1. Observations revealed that the outside premises are not maintained in a clean and safe condition. Findings on August 2, 2018: a. There is a large section of rotten fascia trim outside of the Exit by Room 126. b. Smoking Porch - the porch soffit is soft and deteriorating at the edge beside the A/C units. c. The gutters outside of the dining room are completely clogged with pine needles. C 164 Housekeeping and Furnishings-Clean, Repaired Fascia listed for A and B to be C 164 repaired by 10/15/2018 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: Gutters have been cleaned (1) have walls, ceilings, and floors or floor Out as listed in C 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. Observations revealed that the walls and Division of Health Service Regulation

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Findings on August 2, 2018:
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maintained in good repair.

3. Observations revealed that the floors were not

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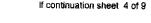
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL001134 B. WING 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE THE OAKS OF ALAMANCE **BURLINGTON, NC 27215** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 Continued From page 3 C 164 a. Exit lobby across from Activity - the flooring on either side of the door is peeling up. Flooring listed in A to be repaired by 10/15/2018 C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Oxygen room to be placed in Findings on August 2, 2018: proper containers by a. Oxygen Supply Closet - nine oxygen tanks were sitting on the floor, unsecured in the room. 9/14/2018 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. This Rule is not met as evidenced by: 1. Based on observation there is a failure to

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL001134 B. WING 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189 Continued From page 4 C 189 maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on August 2, 2018: a. Med Room - the corridor door was propped open with a trash can. This deficiency was corrected at the time of survey. b. Library - one of the door leafs was blocked from closing with a table and chairs. Wedges removed from areas c. Room 108 - the corridor door was propped A-E immediately after survey open using a wedge d. Living Room - the corridor doors were propped open with furniture and did not close during the fire alarm test. e. Room 226 - the door was held open using a wedge. 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failing to provide a minimum of 18" clearance below the ceiling may not allow for the fire safety equipment to operate properly during a fire or other emergency. Findings on August 2, 2018: a. Clean Linen - blankets and rugs were stored to within 4" of the ceiling. Areas A-D to be cleaned out b. 100 Hall Housekeeping Closet - items are stored within 2" of the ceiling. and away from the ceiling by c. Biomedical Room - items are stored with 4" of 10/15/2018 the ceiling. d. Activity Closet - items were stored within 18" of the ceiling. 3. Based on observation there is a failure to Division of Health Service Regulation STATE FORM B6NV21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: 01 COMPLETED HAL001134 B. WING 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 5 C 189 maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on August 2, 2018: a. Clean Linen - the escutcheon plate on the sprinkler head has dropped leaving a gap in the fire rated ceiling assembly. The ceiling has some staining and some minor damage. b. Soiled Linen (now maintenance) - there is an abandoned fan box in the ceiling. Verify that the one hour ceiling assembly has not been compromised. c. Laundry - the cover plate for the sprinkler head is missing at the head near the corridor door. d. Corridor outside of Room 126 - there is a small hole in the ceiling at the Exit sign. e. Beauty Salon - there are two unsealed penetrations in the ceiling. Areas A-I to be repaired by f. Staff Lounge - there is one unsealed 1" diameter penetration. There is a large hole 10/15/2018. B to be verified around the smoke detector. that there is no compromise g. Riser Room - the ceiling is damaged and stained and there is a gap around the mechanical flue. There is a 1" diameter hole in the ceiling behind the riser. There is a gap in the ceiling around the water heater flue as well. h. Activity Closet - the sprinkler head has dropped leaving a gap in the ceiling. i. Activity Office Closet - the escutcheon plate is missing. j. 200 Hall Activity Room - there is a large hole in the ceiling near the entry doors where the sprinkler head has shifted. k. Administrator's Closet - there is a small hole in the ceiling above the door. I. Front portico - one of the sprinkler heads has dropped leaving a hole in the ceiling. Division of Health Service Regulation

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d. Room 224 - there is a hole in the door at the Division of Health Service Regulation

door hardware.

in the door at the door hardware.

hole in the door at the door hardware.

b. 100 Hall left Housekeeping Closet - there is a

c. Room 107 - there is a hole in the door at the



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Areas A-D will be repaired by

10/15/2018

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Findings on August 2, 2018:

a. Kitchen - the door to dining does not latch.

10. Based on observation the electrical

b. Room 222 - the door does not close and latch.

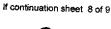
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Kitchen door and room 222

to be repaired by

10/15/2018





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alarm test.

a. At the cross corridor fire doors by Room 217, the outgoing leaf did not latch during the fire

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