		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL032132	B. WING		02/	21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CAROLI	NA RESERVE OF DUP	ZHAM	PE VALLEY R , NC 27707	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 000 Initial Comments		C 000					
Report of a Construction Section Biennial Survey by Ed Miller, conducted on February 21, 2019.  Records indicate the facility was licensed on 10/06/1995 as a HA. This facility is currently licensed for 60 Beds including a 16 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 1991 (1995 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.  Deficiencies were cited that require a Plan of Correction.							
C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant is care home shall be (2) Except where collicensed facilities of facilities shall meet requirements in effection in service of renovation, or alterative requirements for no addition or renovation or renovation or requirements for than those requirements in the requirements for modification or renovation or renovation or renovation or requirements for modifications.	O1 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less ments found in the 1971 ired Standards and omes for the Aged and Infirm", a available at the Division of					

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) MULTIPLI A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL032132	B. WING		02/	21/2019
	PROVIDER OR SUPPLIER	2523 HO	DDRESS, CITY, S PE VALLEY R 1, NC 27707	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	This Rule is not met as evidenced by:  1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s).  Findings on February 21, 2019:  a. MCU - only the Med Tech had a key to operate the on/off emergency release switches at the units exit doors. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times.  a. MCU -staff interviewed, did not know about the use and location of the central on/off emergency release switches at the units exit doors.					
C 134	Bathrooms-Roll-in	Shower	C 134			
	rooms are: (7) Each home sha opening off the corr (A) a door of three (B) a three feet by designed to allow thaking a shower with	05 PHYSICAL  Ints for bathrooms and toilet  all have at least one bathroom				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
HAL032132		B. WING		02/21/2019			
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CAROLII	NA RESERVE OF DUI	RHAM	PE VALLEY F , NC 27707	ROAD			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 134	Continued From pa	ige 2	C 134				
	<ul><li>(D) a lavatory; and</li><li>(E) a toilet.</li><li>(8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;</li></ul>						
	each room shall have a lavatory and a toilet;  This Rule is not met as evidenced by:  1. Based on observation and interviews with Administrator and Maintenance Director, the facility failed to provide a room(s) off a corridor with a minimum three feet door, having a tub accessible on at least two sides and a three feet by three feet roll-in shower, designed to allow the staff to assist a resident in taking a shower without the staff getting wet. A toilet and lavatory is also required in the room(s). This deficiency affects all residents who would not have the plumbing fixtures available to them when they need or desire them.  Findings on February 21, 2019:  a. Med Room - this room was a former Bathroom with a three-sided tub, a three feet by three feet roll-in shower, toilet and lavatory. The former configuration appears to have met the Rule. When the facility converted this room, the available of these required plumbing fixture was take away.						
C 150	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement		C 150				
	This Rule is not met as evidenced by:  1. Based on observation, exit doorways are not free of obstructions. This would affect all						

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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	
		HAL032132	B. WING		02/21/2019
CAROLINA RESERVE OF DURHAM 4523 HOP			DRESS, CITY, S E VALLEY R NC 27707	STATE, ZIP CODE ROAD	
(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 COMPLETI
C 150	residents, staff, and obstructing egress Findings on Februa a. Sun Room - the	I visitors by slowing or during an emergency. If visitors by slowing or during a supplication of the exit effects of the exit emergency. If visitors by slowing or during a supplication of the exit effects of	C 150		
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND	C 166		
	maintained free of he fall, breaking their wand turning it into a Findings on Februa a. MCU Nurse State oxygen cylinder is s	ervation, the Building was not nazards, if oxygen cylinders valves, propelling the cylinder, dangerous projectile.			
C 188	All adult care home locations at sinks, b		C 188		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
HAL032132		B. WING		02/21/2019		
	PROVIDER OR SUPPLIER	RHAM 4523 HOP	DRESS, CITY, SPE VALLEY R	STATE, ZIP CODE		
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 188	This Rule is not med 1. Based on Observoide electrical or bathrooms and outside fault interrupters. To staff, and visitors by protection to these Findings on Februal a. Exterior Kitcher circuit-interrupter (Correceptacle did not to button and when te	et as evidenced by: ervation, the facility failed to utlets in wet locations at sinks, side of building with ground his would affect residents, y not providing ground fault devices. ry 21, 2019: n Door - the ground-fault GFCI) electrical power rip with a push of the test sted with a circuit tester.	C 188			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an 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	C 189			
	maintain the electric operating condition Findings on Februara. Employee World floor mounted copy of an electrical pancopen the panel doo swing to about 30 cd	rvation, the Facility failed to cal system in a safe and				

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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 COM	(X3) DATE SURVEY COMPLETED	
		HAL032132	B. WING		02/	21/2019
	PROVIDER OR SUPPLIER	2HAM 4523 HOP	DRESS, CITY, S E VALLEY F , NC 27707	STATE, ZIP CODE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 189	clear working space  2. Based on obse being maintained in condition. The fire sobstructed. This condischarge pattern coroom. Findings on Februal a. Kitchen Pantry minimum 18-inch clasprinkler deflector.  b. Maintenance C	expressions, the Building is not a safe and operating sprinkler heads have become uld affect all if the fire sprinkler annot reach all areas of a ry 21, 2019:  - items are stored within the learance area below the fire loset - items are stored within the clearance area below the	C 189			

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