

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on December 14, 2023.</p> <p>This facility was licensed on 11/13/1991 for Sixty-Nine (69) Beds. Based on that information, this 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.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 101	Continued From page 1 meet the NC State Building Code in effect at the time of construction or alterations. Findings on December 14, 2023: a. SCU Hall, Living Room - this space was open to the corridor because the corridor doors had been removed. This space does not meet all the requirements which permits it to be open to the corridor. Specifically, the space was not equipped with adequate smoke detection.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, the facility failed to maintain in the facility, current (completed within the last twelve months) building safety inspection reports available for review. Findings on December 14, 2023: a. The last annual inspection, in accordance with the Standard for the Inspection, Testing, and Maintenance of Water-Base fire protection Systems (NFPA 25), was performed on 10/11/2023. That report listed several deficiencies. There was no documentation provided to indicate that the deficiencies were corrected or identified as recommendations, to bring the system up to the current Code.	C 111		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 153	<p>Continued From page 2</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are:</p> <p>(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, there was a failure to provide all exit doors with locks that are easily operable, by a single hand motion, from the inside at all times without keys. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency. Findings on December 14, 2023:</p> <p>a. 200 Hall, Exit near Bedroom 213 - the first door, from the corridor side, in this two-door airlock designed exit, had a door lockset that was equipped with a thumb turn button that must be operated before the door handle can release the door.</p>	C 153		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the outside grounds were not maintained in a clean and safe</p>	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 160	Continued From page 3 condition. Findings on December 14, 2023: a. Exterior, Perimeter and Feeder Sidewalks - these concrete sidewalks have many (15+) uneven walking surfaces varying from 3/8 inch to 2 inches vertically creating tripping hazards. b. Exterior, SCU Side - this perimeter sidewalk does not have a smooth stable transition with the adjacent ground and the edges of the sidewalk. c. Exterior, Gutters - the gutters were full of leaf litter and twigs. When gutters become full, the water will not drain properly. When it rains, the roof run-off will fill the gutter and the excess will spill over and will pond around the foundation. d. Exterior, Gutters - there were at least three down spouts, missing their upper elbows. This allows the water collected in the gutters to exit the system about seven feet above the normal exit discharge height. This extra height provides for a larger splatter pattern with more soil erosion leading to more ponding at the foundation. e. Exterior, Gutters - there was a missing section of down spout between the underground down spout adapter and the down spout. This allows the water to pond around the foundation. f. Exterior, SCU Side-Sidewalk - there was a clean-out in the sidewalk and the patch around it has deteriorated and is chipping out. This creates a tripping hazard. g. Exterior, Sidewalks near Dining - the generator has 5 large cables, 2 extension cords and a ground wire running across the sidewalk, creating multiple tripping hazards.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 164	<p>Continued From page 4</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the floors were not kept clean and in good repair. Findings on December 14, 2023:</p> <p>a. 100 Hall, Housekeeping next to Bedroom 107 - an unidentified liquid was on the floor.</p> <p>b. 100 Hall, Bedroom 128-Bathroom - there were several heavy concentrations of black matter on the floor located around the commode and sink. In addition, there were several lighter concentrations of black matter on the floor near the shower and the entrance to the room.</p> <p>c. 200 Hall, Spa-Shower - there was organic matter and used shampoo bottles on the hard tiled floor.</p> <p>2. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on December 14, 2023:</p> <p>a. 100 Hall, Bulk Laundry - there was a build-up of lint and debris behind the dryers.</p> <p>b. 100 Hall, Bio Med Room (Hopper) - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint.</p> <p>c. 100 Hall, Bedroom 128 - the HVAC supply and return grilles, with their radiation dampers, had an excessive accumulation of dust/lint on them.</p> <p>d. 200 Hall, Living Room - the HVAC supply and return grilles, with their radiation dampers, had an</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 164	<p>Continued From page 5</p> <p>excessive accumulation of dust/lint on them.</p> <p>3. Based on observation, the ceilings were not kept clean and in good repair. Findings on December 14, 2023: a. 100 Hall, Bedroom 128 - there was lint and dust on the textured gypsum ceiling near the HVAC grilles. b. 200 Hall, Narrow part of Main Dining - the ceiling has multiple cracks, several joints separating and some patches not finished or separating.</p> <p>4. Based on Observation, the plumbing systems were not kept clean and in good repair. Findings on December 14, 2023: a. 100 Hall, Bedroom 128-Bathroom - the bowl to the commode had a large brown stain.</p> <p>5. Based on observation, the lighting system was not kept clean and in good repair. Findings on December 14, 2023: a. 100 Hall, Kitchen Housekeeping - the light fixture was not illuminating the room.</p> <p>6. Based on observation, the walls were not kept clean and in good repair. Findings on December 14, 2023: a. 200 Hall, Spa-Shower - there was organic matter and microbial growth on the hard tiled walls. b. 200 Hall, Spa-Shower - the gypsum adjacent to the hard tiled wall has been exposed to water. This has deteriorated part of the wall and was showing microbial growth.</p>	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 166	<p>Continued From page 6</p> <p>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's electrical system was not free of all obstructions and hazards.</p> <p>Findings on December 14, 2023:</p> <p>a. 100 Hall, Med Room - a Med Cart was stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space to zero-inches.</p> <p>2. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile.</p> <p>Findings on December 14, 2023:</p> <p>a. 100 Hall, Bio Med Room - one portable oxygen cylinder was sitting on the counter and another portable oxygen cylinder was in a trolley, leaning over with one wheel and one support leg on the floor. This room was full of storage boxes that pushed over the trolley. Both cylinders were not properly chained or supported by the wall or in a stand or cart</p> <p>b. 200 Hall, Med Room - a portable medical oxygen cylinder with regulator extending beyond its collar guard was standing up on the floor not properly chained or supported by the wall or in a stand or cart</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 166	<p>Continued From page 7</p> <p>c. 200 Hall, Bedroom 204 - one portable oxygen cylinder was standing up on the floor not properly chained or supported by the wall or in a stan dor cart</p> <p>3. Based on Observation, the Building was not maintained free of hazards because the mechanical systems, were not free of hazards. This could affect all residents, staff and visitors if equipment was in disrepair, or injured someone. Findings on December 14, 2023: a. 100 Hall, Bedroom 122 - the HVAC grille was not secured to the ceiling.</p> <p>4. Based on observation, the building was not uncluttered, clean and orderly manner, free of all obstructions and hazards. Findings on December 14, 2023: a. 100 Hall, Bio Med Room - supplies were not stored in an orderly manner and had obstructed access to the clinical sink.</p> <p>5. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could harm all. Findings on December 14, 2023: a. 200 Hall, Spa - the mounting brackets for the missing towel bar remain attached to the wall. These brackets were rough and have sharp edges, which provides potential to cause harm.</p>	C 166		
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p>	C 175		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 175	<p>Continued From page 8</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas with the required individual towel bar for each resident. Findings on December 14, 2023: a. 100 Hall, Bedroom 122 - this double-occupied bedroom was missing one of its towel bars. b. 200 Hall, Spa - this room does not have a towel bar.</p>	C 175		
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing</p>	C 184		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 184	Continued From page 9 proper guidance during an emergency. Findings on December 14, 2023: a. 200 Hall, Exit near Bedroom 213- the mounted evacuation diagram was not oriented for where it was located in the facility. The diagram must be properly oriented. As you stand looking at the diagram, the evacuation route shown on the right shall be to your right etc.	C 184		
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 observations, the fire-resistance-rated (FRR) construction enclosures which provide protection to residential areas from hazardous areas are not in safe and operating condition. Hazardous areas requirements are 1-hour FRR constructed walls and ceilings with 45-minute rated self-closing doors or doors that close automatically on fire alarm actuation. This could affect All if smoke/flames are not contained to the hazardous areas. Findings on December 14, 2023: a. 100 Hall, Bulk Laundry to Clean Linen - the fire-rated 90-minute door was missing its middle hinge. b. 100 Hall, Bulk Laundry - the corridor door (45	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 10</p> <p>min rated and self-closing) did not close and latch into its frame using its own power.</p> <p>c. 200 Hall, Mech Room near Bedroom 213 - the corridor door (45 min rated and self-closing) did not close and latch into its frame using its own power.</p> <p>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 not contained in the room of origin. Findings on December 14, 2023:</p> <p>a. 100 Hall, Kitchen - there was a conduit not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>b. 200 Hall, Med Room - there was a penetration sealed with orange foam. Use of orange foam to firestop penetrations in one-hour fire-resistance-rated construction has not been approved.</p> <p>c. 200 Hall, Mech Room near Bedroom 213 - there were 2 conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>3. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on December 14, 2023:</p> <p>a. Kitchen -since October 2023, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 11</p> <p>4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on December 14, 2023:</p> <ul style="list-style-type: none"> a. 100 Hall, Bedroom 104 - the corridor door hits its frame and will not close and latch. b. 100 Hall, Bedroom 108 - the corridor door hits its frame and will not close and latch. c. 100 Hall, Bedroom 112 - when the corridor door was closed, there was a 3/4-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/2-inch for a sprinklered building. d. 200 Hall, Living - on actuation of the fire alarm, the pair of corridor door's hold-open devices release the doors and the inactive leaf, hits the door frame and does not close. By not closing, the active leaf swings shut, triggering the inactive leaf's automatic flush bolt, which was stationed outside of the frame, therefore both doors do not latch. e. 200 Hall, Activity Room - on actuation of the fire alarm, the pair of corridor door's hold-open devices release the doors and the inactive leaf, hits the door frame and does not close. By not closing, the active leaf swings shut, triggering the inactive leaf's automatic flush bolt, which was stationed outside of the frame, therefore both doors do not latch. f. 200 Hall, Bedroom 206 - the corridor door does not latch into its frame when closed. g. 200 Hall, Bedroom 213 - when the corridor door was closed, there was a 3/4-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/2-inch for a sprinklered building. <p>5. Based on observation, the building was not maintained in a safe and operating condition, by</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 12</p> <p>failing to ensure that egress from all areas can be accomplished without the use of keys, tools, or special knowledge, or effort. This could affect all if the exit cannot be opened trapping someone inside.</p> <p>Findings on December 14, 2023:</p> <p>a. 100 Hall, Kitchen - the Dining Room door was equipped with hasp hardware that if engaged could lock this door, eliminating an exit from this space.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on December 14, 2023:</p> <p>a. Entry Hall, Transportation Office - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. Facility Staff corrected the deficiency before the Construction Surveyor left the site.</p> <p>b. Entry Hall, Transportation Office - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. Facility Staff corrected the deficiency before the Construction Surveyor left the site.</p> <p>c. 200 Hall, Corridor outside of AL Dining - the electromagnetic hold-open device for this Dining Room door was not secured to the wall.</p> <p>d. 200 Hall, Bedroom 215-Bathroom - above the sink was a light fixture that was missing one of its three lights. This open socket does not guard against accidental contact of the energized electrical components within the socket.</p> <p>e. 200 Hall, Porch near Bedroom 213 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not have electrical power; therefore, it could not be tested for ground fault.</p> <p>5. Based on Observation, corridor doors are not maintained in a safe and operating condition.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 13</p> <p>Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door, to limit the spread of smoke and fire to the area of origin.</p> <p>Findings on December 14, 2023:</p> <p>a. 100 Hall, Library - heavy chairs with Residents occupying them, were holding the corridor doors open.</p> <p>b. 200 Hall, Living - an air purifier, was holding one of the corridor doors open.</p> <p>6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin.</p> <p>Findings on December 14, 2023:</p> <p>a. 100 Hall, Bulk Laundry - a concealed fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>b. 100 Hall, Bedroom 104 - a concealed fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>c. 100 Hall, Bedroom 110 - the cover of a concealed fire sprinkler escutcheon assembly has fallen from its frame and the deflector did not drop. In addition, this exposed an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>d. 100 Hall, Housekeeping next to Bedroom 110 - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows fire and smoke into the attic. In addition, the deflector did not drop.</p> <p>e. 100 Hall, Storage next to Bedroom 107 - items are stored within the minimum 18-inch</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	<p>Continued From page 14</p> <p>clearance area below the fire sprinkler deflector. Facility Staff corrected the deficiency before the Construction Surveyor left the site.</p> <p>f. 100 Hall, Bio Med Room (Hopper) - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. Facility Staff corrected the deficiency before the Construction Surveyor left the site.</p> <p>g. 100 Hall, Bedroom 128-both Residents Closets - the concealed fire sprinkler escutcheon plates have dropped from the ceiling, exposing openings around the sprinklers that allow fire and smoke to enter the attic.</p> <p>h. 100 Hall, Kitchen Housekeeping - a concealed fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>i. 100 Hall, Kitchen Pantry - a concealed fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>j. 100 Hall, Kitchen Cooler - the fire sprinkler head was loaded with lint. This may increase the sprinkler head's response time to a fire.</p> <p>k. 100 Hall, Charting Room - a concealed fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p> <p>l. 200 Hall, Main Dining Room - several concealed fire sprinkler escutcheon plates have dropped from the ceiling, exposing openings around the sprinklers that allow fire and smoke to enter the attic.</p> <p>m. 200 Hall, Bedroom 204-Bathroom - a concealed fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to enter the attic.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 189	Continued From page 15 7. Based on observation the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on December 14, 2023: a. Entire Building - in April 2023 the portable fire extinguisher had their annual maintenance performed. Since that time there has been no documentation of the monthly in-house/owner inspections.	C 189		
C 199	Exhaust Ventilation 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. This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on December 14, 2023: a. 100 Hall, Employee Rest Room - the exhaust ventilation system was not working. b. 100 Hall, Kitchen Housekeeping - the	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 199	Continued From page 16 exhaust ventilation system was making a humming sound, like the motor was in a bind. c. 200 Hall, Rest Room near Living Room - the exhaust ventilation system motor has been removed and sent for repairs.	C 199		