

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  <b>12/20/2023</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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on December 20, 2023.</p> <p>Records indicate this facility was first licensed on August 22, 1993 for 30 residents. Therefore, we are requiring that this facility meet the 1991 "Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1991 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</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. Observations revealed that the floors were not kept in good repair.</p> <p>Findings on December 20, 2023:</p> <p>a. Living Room - there is a 12" tear in the carpet in front of the window.</p>	C 164		

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:  <b>HAL013007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2023</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 164	Continued From page 1  2. Observations revealed that the furnishings were not kept in good repair.  Findings on December 20, 2023: a. Men's Guest Toilet - the door hardware is loose.	C 164		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Review of records revealed that the facility is not conducting quarterly fire rehearsals on each shift.  Findings on December 20, 2023: a. There was not a fire rehearsal conducted on the second/night shift of the third quarter of 2023.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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  <b>12/20/2023</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 189	<p>Continued From page 2</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</li> </ol> <p>Findings on December 20, 2023:</p> <ol style="list-style-type: none"> <li>The cross corridor doors did not close when released by the fire alarm.</li> </ol> <ol style="list-style-type: none"> <li>Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</li> </ol> <p>Findings on December 20, 2023:</p> <ol style="list-style-type: none"> <li>Room 41 - the door is hitting the threshold and does not close and latch.</li> <li>Room 39 - the door is hitting the threshold and does not close and latch.</li> <li>Room #7 - the door does not latch when closed.</li> </ol> <ol style="list-style-type: none"> <li>Based on observation there is a failure to maintain the facility's fire safety equipment in a</li> </ol>	C 189		

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  <b>12/20/2023</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 189	<p>Continued From page 3</p> <p>safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops.</p> <p>Findings on December 20, 2023:</p> <p>a. Room 1 - there is a 1/2" gap at the top left of the door between the door and the door frame.</p> <p>4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate during a fire.</p> <p>Findings on December 20, 2023:</p> <p>a. Kitchen - the escutcheon rings on the sprinkler heads are corroded.</p> <p>5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on December 20, 2023:</p> <p>a. Med Prep Room - the emergency light did not illuminate on test.</p> <p>6. Based on observation there is a failure to 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.</p> <p>Findings on December 20, 2023:</p> <p>a. There is an unsealed cable penetration (door bell) outside of the Nurses' Station.</p> <p>b. Maintenance Room 13 - there is a small</p>	C 189		

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  <b>12/20/2023</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 189	<p>Continued From page 4</p> <p>unsealed cable penetration in the ceiling near the door.</p> <p>7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire.</p> <p>Findings on December 20, 2023:</p> <p>a. Room 18 Clean Linen - blankets and linens were stored within 18" of the ceiling. This was corrected at the time of survey.</p> <p>b. Storage Room - boxes were stored to within 18" of the ceiling. This was corrected at the time of survey.</p> <p>8. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation.</p> <p>Findings on December 20, 2023:</p> <p>a. Electrical Room - there are fans, vacuum cleaners and miscellaneous items stored directly in front of the electrical panels.</p> <p>9. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility.</p> <p>Findings on December 20, 2023:</p> <p>a. Community Bath 11 - the toilet is not secure to the floor.</p>	C 189		

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  <b>12/20/2023</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 199	Continued From page 5	C 199		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.</li> </ol> <p>Findings on December 20, 2023:</p> <ol style="list-style-type: none"> <li>a. There was a pattern of fans not working in the Staff Bathrooms, Guest Bathrooms, Laundry, Community Baths, Laundry and other utility spaces in the facility.</li> </ol>	C 199		