AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		05/07/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
CADENC	E NORTH RALEIGH		0 WAKE FORE I, NC 27609	EST RD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES WINT BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		on Section Survey report by ucted on May 7, 2024.				
	currently licensed for Special Care Unit. surveyed for confor portions of the 2006 Building Code(s), In the 2005 Rules for	ensed on May 30, 2013, and is or 96 Beds including a 36 Bed Therefore, this facility was mance with applicable 5 Edition of the North Carolina astitutional Occupancy, and Licensing of Adult Care More Beds in effect at the ure.				
	Deficiencies have b Correction is require	een cited and a Plan of ed.				
C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant r care home shall be (2) Except where c licensed facilities or facilities shall meet requirements in effect change in service of renovation, or alterat the requirements for no addition or renovation than those requirements Regulations" for "He	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing portions 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 nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
	This Rule is not me	et as evidenced by:				

6899

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL09214	B. WING		05/	07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
CADENC	E NORTH RALEIGH		WAKE FORE , NC 27609	EST RD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 101	 Observations rev meet Code requirer construction or rend locks shall have an switch capable of in electromagnetically Release switches s identified at each nu locked unit. Findings on May 7, a. SCU - the Master locked storage roor Based on observa the licensure require construction or rend the Special Care un area. Findings on May 7, a. Interviews with S had damaged the fet 	ealed that the facility does not nents in effect at the time of ovation. Electromagnetic on/off emergency release terrupting power to all locked doors in the facility. hall be located and properly urse's station serving the 2024: r override release is in a n. ation the facility does not meet ements in effect at the time of ovation. 13F .1304(8) requires it to have a secured outside 2024: taff indicated that a falling tree ence creating openings hich may allow for the	C 101			
C 116		PHYSICAL PLANT	C 116			
	Documents and spe by the applicant or a the Division for revie preliminary step to a final plan approval,	appointed representative to ew and approval. As a avoid last minute difficulty with Schematic Design Drawings oment Drawings may be				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL09214					(X3) DATE SURVEY COMPLETED	
		B. WING		05/	05/07/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	•	
CADENC	CE NORTH RALEIGH		0 WAKE FORE I, NC 27609	EST RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 116	Continued From pa	age 2	C 116			
rision of H	submission of Cons (b) Approval of Co specifications shall prior to licensure. A Documents shall ex building permit for to obtained. (c) If an approval es shall be issued by to Construction Docur regulations, codes by the applicant or reviewed by the Div (d) Any changes m require the approva- licensing requirement (e) Completed con- conform to the required including the operal shall be approved i to licensure or occur following licensure, submit documentat built" drawings have builder. (f) The applicant o the Division when a remodeling starts a is 50 percent, 75 per complete and upon This Rule is not me 1. Based on observing review, the facility for remodeling, and Co	nade during construction shall al of the Division to assure that ents are maintained. Instruction or remodeling shall uirements of this Section tion of all building systems and n writing by the Division prior upancy. Within 90 days the owner or licensee shall tion to the Division that "as e been received from the r designated agent shall notify actual construction or and at points when construction ercent and 90 percent n final completion. et as evidenced by: vation, interviews, and record has undergone construction or construction Documents were HSR Construction for review				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
	HAL09214		B. WING		05/	05/07/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
ADENC	E NORTH RALEIGH		D WAKE FORE H, NC 27609	ST RD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 116	Continued From pa	ge 3	C 116				
	doors are equipped of magnetic locks. I confirmed the lockir	n revealed the facility's egress with a special locking system nterview with facility staff ng system has been installed. cords show that plans have					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	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					
	equipment was not condition. Findings May 7, 202	vealed that the plumbing maintained in a safe operating					
	maintaining the elec condition. Findings on May 7,	ration the facility is not ctrical components in a safe 2024: - the light at the gate does not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL09214			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING		05/	07/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
CADENC	E NORTH RALEIGH			EST RD			
	SUMMARY STA		I, NC 27609	PROVIDER'S PLAN OF C		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE	
C 199	Continued From pa	ge 4	C 199				
C 199	Exhaust Ventilation		C 199				
	provided with exhaut two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not appl This Rule is not me 1. Observations rev maintain exhaust ve Lack of ventilation a that can cause mild prevents the dissipa Findings May 7, 202 a. MCU-Laundry- th b. B Hall-Utility Clos c. A Hall- Laundry- th b. B Hall-Utility Clos g. D Hall-Men's & W is not working h. D Hall-Resident I	 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed, with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that the facility did not entilation in specified spaces. allows for the buildup humidity ew and slick areas and ation of odors. 					