

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
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NAME OF PROVIDER OR SUPPLIER GRAND VILLA ASSISTED LIVING AT WINSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey conducted by Suzanna Fay on March 6, 2025.</p> <p>Records indicate this facility was first licensed on July 15, 1986. The facility is currently licensed for 142 Resident Beds including a 62 bed Special Care Unit. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Rev 8) Section 409.1 (c) Institutional 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 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>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

H. Wance

Executive Director

4/8/25

Division of Health Service Regulation

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the NCSBC requirements at the time of construction or renovation. The NC State Building Code requires rooms with an occupant load over 49 to have two remote means of exiting. Findings on March 6, 2025: a. Review of DHSR licensing records indicate this facility's license began to reflect 62 Special Care Unit [SCU] beds on September 25, 2006. All of the SCU residents share one dining room that appears adequate to seat all 62 residents. There is only one exit available from the SCU dining room at this time as the second exit has been locked with a double keyed deadbolt. 2. Based on observations and interview, it was revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on March 6, 2025: a. SCU Dining - staff revealed that the magnetic locking system was not operating correctly on the dining room exit door to the front of the facility. The magnets were not engaging and the door was swinging open. The magnet locking system has not been repaired and a keyed deadbolt was installed to prevent the door from opening.	C 101	The facility will have the door key pad system replaced to meet the standards of a second door exit that meets code requirements. Date of Compliance is April 30,2025.	
C 132	Bathrooms-Must Provide Privacy	C 132		

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C 132	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that the bathrooms and toilet rooms did not have privacy partitions or curtains for each water closet, tub or shower. Findings on March 6, 2025: a. Spa across from Nurses Station - the showers did not have privacy curtains.	C 132	The facility has added privacy curtains to each water shower in the shower rooms. Date of compliance April 1, 2025.	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not install hand grips at all commodes, tubs and showers used by or accessible to residents. Findings on March 6, 2025: a. HC Bath at 500 Hall - there are no hand grips	C 133	The facility has installed all missing hand grips to all handicapped bathrooms and showers. Date of Compliance April 1, 2025.	

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C 133	Continued From page 3 at the toilet. b. HC Bath at 500 Hall - there are no hand grips at the shower on the right to assist residents in getting in and out of the shower.	C 133		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that rooms containing cleaning agents, bleaches and other substances which may be hazardous if ingested, inhaled or handled were not kept locked. Findings on March 6, 2025: a. Housekeeping by Physical Therapy - the door is heavily damaged around the hardware and the door does not latch or lock. The room is used to store cleaning carts and cleaning materials.	C 143	The facility has addressed and replacing the lock on the damaged chemical closet and installed locks on all chemical closets and replacing the damaged door. Date of compliance is May 15, 2025.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors;	C 164		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND VILLA ASSISTED LIVING AT WINSTON

**2609 OLD SALISBURY ROAD
WINSTON SALEM, NC 27127**

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C 164	<p>Continued From page 4</p> <p>(3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.</p> <p>Findings on March 6, 2025: a. Room 502 - there are water stains along the ceiling joint at the exterior wall and the paint is flaking and peeling off along the joint. b. Room 502 Bathroom - there is a large gray water stain on the floor where water has seeped under the vinyl. c. Room 507 - about half of the door threshold is broken off leaving the concrete below exposed. Tape was applied to help secure the threshold. d. Room 508 - the metal transition strip at the entry door was bent up about 30 degrees. It was pushed back in place at the time of survey. e. Approximately one out of every five exhaust fans had dust accumulation on the grille and/or on the radiation damper in the ceiling. f. Room 514 - there are cracks in the ceiling along the sheetrock joints. g. The ceiling finish is bubbled and flaking at an old leak near the light fixture in front of the Nurses Station. h. Spa across from the Nurses Station - the threshold is missing and the corridor floor is torn along the edge. The door frames are rusting out along the bottom leaving rusty, rough, metal edges exposed. i. Spa across from the Nurses Station - there is an 8" x 15" area of missing and loose tile and a 4" x 4" area of missing tile on the shower floor of the first shower. In the second shower there is a 6" x 9" area of missing tile on the shower floor.</p>	C 164	<p>The facility has addressed and repairing all water stains and chipping in the ceilings of resident rooms.</p> <p>The facility has addressed and repairing the water stains on the resident floor that needed to be repaired.</p> <p>The facility has addressed and repairing the exposed concrete of the door threshold.</p> <p>The facility has addressed and repaired the exposed metal transition strip.</p> <p>The facility has addressed and cleaned the exhaust fans from dust accumulation.</p> <p>The facility has addressed and repairing the cracks in the ceiling in the residents room.</p> <p>The facility has addressed and repairing the ceiling at the nurses station.</p> <p>The facility has addressed and repairing the spa threshold, and door frame.</p> <p>The facility has addressed and repairing the missing tile in the shower spa.</p> <p>Date of compliance May 15, 2025.</p>	

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C 164	Continued From page 5 j. Closet off of Laundry - the ceiling is covered in small yellow spots. k. 200 Hall Spa - there is black mildew in the grout of the shower base tiles and along the wall above the base tiles in the first shower. l. 200 Hall Spa - there are several broken floor tiles in the second shower. There is a semi-circle of black mildew on the panel installed at the right wall and the tile grout on the back wall is discolored. m. 200 Hall Spa - a 12" section of the marble threshold is broken off at the door. n. 100 Hall Shower Room - the paint on the walls around the toilet is flaking and peeling and the wall has not been patched where the toilet paper dispenser was removed. o. Kitchen - the ceiling around the supply vent over the warming cabinets is flaking and peeling. p. Room 202 - there is a leak above the ceiling near the bath. The area is heavily stained and there are green mildew spots within the water stains. q. SCU, Room 1 - the cove base is off the wall at the PTAC unit. r. SCU, Room 2 Shared Bath - the wall behind the toilet is damaged and has brown water stains. s. SCU, Room 8 - there are three small water stains and one 12" diameter water stain on the ceiling. The popcorn finish is flaking off by the larger stain. On the left hand wall, there is a 16" wide by 8" high area where the paint has rubbed off the wall. Duct tape was used on the edge of the bathroom door to cover where the veneer was splintering. The threshold is missing at the bathroom door leaving a gap between the finishes. t. SCU, Room 10 - the cove base behind the door is falling off the wall. 2. Observations revealed that the facility was not	C 164	The facility has addressed and repairing the yellow spots in the ceiling. The facility has addressed and repaired the mildew in the grout of the shower. The facility has addressed and repairing the paint around the toilet. The facility has addressed and repairing the ceiling around the supply vent. The facility has addressed and repairing the mildew spots in the residents rooms. The facility has addressed and repairing the broken PTAC units. The facility has addressed and replacing all broken doors not up to code. Date of Compliance May 15, 2025.	

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C 164	Continued From page 6 free of chronic unpleasant odors. Findings on March 6, 2025: a. Closet off of Laundry - there is a strong sewer gas odor in the room indicating that the traps have dried out. 3. Observations revealed that the furnishings were not kept clean and in good repair. Findings on March 6, 2025: a. SCU, Room 23 - the drawer face has broken off of the bottom drawer of the wardrobe unit. The broken piece is on top of the unit. b. SCU, Room 19 - the blinds are torn.	C 164	The facility has addressed and fixed the strong odor smell. The facility has replaced the broken wardrobe unit. The Facility has replaced all broken blinds. Date of compliance May 15th. The facility has addressed the storage of the oxygen tanks.	
C 166	Housekeeping-Maintained Free of Hazards 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. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on March 6, 2025: a. Oxygen Storage - there are three large tanks	C 166	Date of compliance 4/1/25.	

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C 166	<p>Continued From page 7</p> <p>on the floor without any means of restraint to prevent them from tipping over.</p> <p>2. Observations revealed that the facility was not maintained free of all hazards. Missing cover plates and end plates on door hardware leaves the inner mechanisms exposed that can pinch or cut skin.</p> <p>a. AL Courtyard door at the Physical Therapy side - the cover plate is missing on the push bar leaving the mechanisms exposed and the end cap is missing on the right leaving sharp metal edges exposed.</p> <p>3. Observations revealed that the facility was not maintained free of all hazards. Bedroom doors that lock from the corridor side allow for the residents to be locked in their room or trapped during a fire or other emergency.</p> <p>Findings on March 6, 2025:</p> <p>a. Room 101 - the lockset for the door hardware is on the corridor side of the door and there is no means to unlock it from inside the room.</p> <p>4. Observations revealed that the facility was not free of all obstructions and hazards. Exit doors without hardware may prevent safe exiting during an emergency or prevent residents from re-entering the facility.</p> <p>Findings on March 6, 2025:</p> <p>a. Exit by Activity - the push bar hardware is broken off and the exterior handle is loose.</p> <p>b. SCU Courtyard - the push bar hardware is broken off on the door nearest the living room.</p> <p>5. Based on observation there is a failure to maintain the facility free from hazards. Means of</p>	C 166	<p>The facility has addressed and repairing the crash bars on the exit doors that needed to be replaced.</p> <p>Date of compliance May 15, 2025.</p>	

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C 166	Continued From page 8 egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on March 6, 2025: a. SCU Dining - the exterior door near the corridor is difficult to open and could delay emergency evacuation.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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.	C 175	The facility has addressed and installed the missing towel bars in residents room Date of compliance 4/1/25.	
	This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide the minimum furnishings by not equipping each bedroom or adjoining bathroom with a towel bar for each resident. Findings on March 6, 2025: a. Room 109 Bath - both of the towel bars were broken and there were two residents sharing this bath.			
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	C 185		

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C 185	Continued From page 9 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 was not conducting fire rehearsals quarterly on each shift and did not provide a short description of what the rehearsal involved. Findings on March 6, 2025: a. Only two months of fire rehearsals could be located at the time of survey. Records were not available from February of 2024 through October of 2024. b. There was not a record of a fire drill conducted on the third shift of the fourth quarter of 2024. c. The records available did not include a short description of what the rehearsal involved.	C 185	The facility has scheduled quarterly fire drills to be completed with a short description. Date of compliance 4/1/25.	
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)	C 189		

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C 189	<p>Continued From page 10</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on March 6, 2025:</p> <p>a. The fire alarm panel showed trouble on the system after the fire alarm was tested. Review of the Fire Alarm Inspection report dated February 20, 2025, there was a problem with a smoke detector in one of the rooms.</p> <p>2. 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 March 6, 2025:</p> <p>a. Assistant Administrator's Office - there is one unsealed cable penetration at the left wall.</p> <p>b. Room 502 - the escutcheon on the sprinkler head near the bathroom is loose.</p> <p>c. There is a small hole at the base of the sprinkler head outside of the 500 Hall HC Bathroom.</p> <p>d. Room 114 - a large hole, approximately three feet square, has been cut into the ceiling.</p> <p>e. Corridor outside of Room 105 - the sprinkler head is missing its escutcheon ring and there is a gap in the ceiling around a recessed junction box.</p> <p>f. The escutcheon ring on the sprinkler head outside of the Nurses Station has dropped</p>	C 189	<p>The facility has addressed the fire codes on the fire system.</p> <p>The fire company will be clearing and fixing all outstanding codes, they will also repair or replaced the damaged sprinkler heads.</p> <p>Date of compliance May 15, 2025.</p>	

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C 189	<p>Continued From page 11</p> <p>leaving a gap in the fire resistant rated ceiling. g. Locker Room with transfer switch - there is a 1" diameter hole in the ceiling at the light fixture. h. Laundry - there is a 1" diameter hole at each light fixture (three total.) i. AL Dining - two of the sprinkler head escutcheons have dropped leaving gaps in the fire resistant rated ceiling. j. AL Dining - there is an 8" long gash in the ceiling finish near the kitchen doors. k. AL Dining - the sprinkler head near the kitchen is not secure leaving a gap in the fire resistant rated ceiling. l. AL Dining - the emergency light/exit sign over the corridor door is loose leaving a gap in the fire resistant rated ceiling. m. Activity Director's Office - a sprinkler pipe burst and the ceiling has not been patched. n. Room 207 - the escutcheon ring is missing on the sprinkler head. o. SCU Living Room - there is an unsealed cable penetration at the television. There is an a piece of trim covering an opening in the ceiling. The trim piece is falling off. p. Entry Vestibule - the sprinkler head is missing its escutcheon ring and there is an open junction box in the ceiling.</p> <p>3. 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 March 6, 2025: a. The emergency light outside of the Executive Director's Office did not illuminate on test. b. The emergency light outside of Room 514 did not illuminate on test. c. Physical Therapy - the emergency light did not</p>	C 189	<p>The facility has addressed and replacing all emergency lights that does not work.</p> <p>Date of compliance May 15,2025.</p>	

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NAME OF PROVIDER OR SUPPLIER GRAND VILLA ASSISTED LIVING AT WINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
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C 189	<p>Continued From page 12</p> <p>illuminate on test. d. Med Prep/Storage at Nurses Station - the emergency light did not illuminate on test. e. AL Dining - the emergency light near the kitchen door did not illuminate on test. f. The emergency light outside of Room 207 did not illuminate on test. g. SCU - the emergency light by Room 14 did not illuminate on test. h. SCU Living Room - the emergency light battery is dying. i. SCU Dining - the emergency light in the second room near the window did not illuminate on test. j. Entry Vestibule - the emergency light did not illuminate on test.</p> <p>4. 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.</p> <p>Findings on March 6, 2025: a. Storage at 501 Pod - the door latch is broken and the door does not close and latch. b. Room 513 - the door is not latching when closed. c. Room 514 - the door is not latching when closed. d. Room 109 - the door hardware is loose. e. Laundry - the door hardware is missing. f. Clean Linen - the door latch is missing and the door does not latch when closed. g. 100 Hall Shower Room - the door hardware is loose. h. Kitchen Pantry - the door knob is broken off of the door so that it cannot close and latch. i. Door between Kitchen and Dining - the right</p>	C 189	<p>The facility is addressing and replacing all damaged doors and door knobs that needs to be replaced.</p> <p>Date of compliance May 15, 2025.</p>	

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NAME OF PROVIDER OR SUPPLIER GRAND VILLA ASSISTED LIVING AT WINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
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C 189	<p>Continued From page 13</p> <p>door is not closing and the door closer has been removed. The veneer on the bottom of the door is splitting and peeling away from the door.</p> <p>j. Activity Director's Office - the door rubs on the frame making it difficult to open.</p> <p>k. Room 203 - the door hardware is loose and the door is rubbing on the frame.</p> <p>l. SCU, Room 1 - the door knob was broken off on the corridor side.</p> <p>m. SCU, Room 4 - the latch plate on the door is loose and the door was not latching. The door was damaged around the door hardware.</p> <p>n. SCU, Room 19 - the door hinge is loose and the door does not close and latch.</p> <p>5. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.</p> <p>Findings on March 6, 2025:</p> <p>a. 505 Pod Bathroom - the GFCI outlet has tripped and will not reset.</p> <p>6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on March 6, 2025:</p> <p>a. The exit sign at the exterior door across from Oxygen Storage is not illuminated and is not secure to the ceiling leaving wires exposed.</p> <p>7. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations</p>	C 189	<p>The facility has addressed the tripped outlet and working to repair the electrical outlet.</p> <p>Date of Compliance May 15, 2025.</p>	

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C 189	<p>Continued From page 14</p> <p>through fire resistant rated walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on March 6, 2025:</p> <p>a. Physical Therapy - there is cover plate missing for data wire leaving a two inch square hole in the corridor wall.</p> <p>b. Room 114 - all of the sheetrock has been removed down to the studs from the interior walls.</p> <p>c. Bathroom off of the Locker Room - there is a four inch square hole cut into the wall behind the toilet to conduct repairs that has not been patched.</p> <p>8. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on March 6, 2025:</p> <p>a. Room 110 Bathroom - the light covers are missing from the vanity light fixture.</p> <p>b. There is an open single light bulb fixture outside of the Nurses Station.</p> <p>c. The latch for the electrical panel by Room 202 is damaged and staff were not able to open the panel box.</p> <p>d. SCU Dining - the screamer box for the override switch at the exterior door near the corridor did not alarm to alert staff that a resident was accessing the override switch.</p> <p>9. Observations revealed that the building was not maintained in a safe condition. Broken windows leave glass exposed that can cause injury from cuts.</p> <p>Findings on March 6, 2025:</p> <p>a. Room 103 - the exterior pane of one of the windows is broken.</p>	C 189	<p>The facility has addressed and repairing the needed plate .</p> <p>The facility has addressed and repairing the room with the missing sheetrock.</p> <p>The facility has addressed and repairing hole in the wall.</p> <p>The facility has addressed and replacing the damaged light fixtures.</p> <p>The facility has addressed and repairing the electrical work in the unoccupied room.</p> <p>The facility is addressing and repairing the broken window panes.</p> <p>Date of compliance May 15, 2025.</p>	

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C 189	<p>Continued From page 15</p> <p>10. 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 March 6, 2025: a. 200 Hall Spa - the toilet is not secure to the floor.</p> <p>11. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.</p> <p>Findings on March 6, 2025: a. Kitchen - there was not a six month inspection tag on the shut off valve for the kitchen hood suppression system.</p> <p>12. 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 function properly to suppress a fire.</p> <p>Findings on March 6, 2025: a. Kitchen - two of the nozzles for the hood suppression system were directed away from the cooking surfaces. b. AL Dining - the sprinkler heads near the kitchen are corroded.</p> <p>13. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.</p>	C 189	<p>The facility has fixed the loose toilet.</p> <p>The facility has scheduled the hood suppression inspection.</p> <p>Date of Compliance May 15, 2025.</p>	

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C 189	<p>Continued From page 16</p> <p>Findings on March 6, 2025:</p> <p>a. Activity Bathroom - the door was locked and a sign on the door indicated that the bathroom was out of order.</p> <p>b. SCU, Pod with Room 23 Bath - the shower drain is missing which will allow residents to put items in the drain and creates a trip hazard.</p> <p>c. SCU, Room 19 Bath - the sink faucet controls have been broken off and the sink is running and cannot be shut off.</p> <p>14. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition.</p> <p>Findings on March 6, 2025:</p> <p>a. SCU, Room 1 - the cover was off of the PTAC unit and laying on the floor.</p> <p>b. SCU, Room 19 - the cover was off of the PTAC unit and laying on the floor.</p> <p>c. SCU, exit near Room 15- the cover of the PTAC unit was off.</p> <p>15. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.</p> <p>Findings on March 6, 2025:</p> <p>a. SCU, Room 1 - the cover plate for the outlet by the PTAC unit was off.</p> <p>16. 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 function to alert residents, staff and guests during</p>	C 189	<p>The facility has fixed the out of order bathroom.</p> <p>The facility has addressed and repairing the drain cover.</p> <p>The facility has addressed and repairing the faucet.</p> <p>The facility has addressed and replaced the missing cover plates.</p> <p>Date of compliance May 15, 2025.</p>	

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C 189	Continued From page 17 a fire. Findings on March 6, 2025: a. SCU- the smoke detector outside of the Storage Room is hanging from its wires. 17. 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. Findings on March 6, 2025: a. SCU - the left hand door of the cross corridor doors near the Courtyard did not latch when released by the fire alarm. 18. Based on review of records and interview, 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 function properly during a fire. Findings on March 6, 2025: a. Based on the Fire Sprinkler System Inspection Report dated February 17, 2025, the tamper switch was not wired to the fire alarm control panel and was cited as a deficiency. Staff were not aware if this had been corrected.	C 189	The facility is addressing and repairing the smoke detectors that needs to be corrected. The facility is addressing and correcting the trouble codes to allow the doors to latch. Date of compliance May 15, 2025.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	C 199		

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C 199	<p>Continued From page 18</p> <p>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"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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"> 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. <p>Findings on March 6, 2025:</p> <ul style="list-style-type: none"> a. Closet off of Laundry - the exhaust fan is not working. b. 200 Hall - the resident room bathroom fans were not working. c. SCU Main Hall - the exhaust fans are not working. 	C 199	<p>The facility has addressed and repairing the exhaust fans that are not working.</p> <p>Date of compliance May 15, 2025.</p>	