

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 Biennial Construction Survey by Dennis Harrell and Bob Getchell on 2-5-2015.</p> <p>Records indicate this facility was first licensed or submitted on 1-1-1989, as a Home for the Aged (HA) with 106 beds. However, a staff employment record provided by the facility indicates the facility was in operation as early as March of 1973. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1967 North Carolina State Building Code with emphasis on Institutional Occupancies, and the 1971 Homes for the Aged and Disabled Minimum Standards and Regulations in effect at time of initial licensure.</p> <p>Deficiencies were noted which will 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",</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: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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	<p>Continued From page 1</p> <p>copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility is not meeting the building code in effect when the use of a room was changed. Finding includes: A former bedroom, approximately 160 square feet, is currently being used as storage for hundreds of boxes of combustible diapers. Because of the recent change of use of this room to a storage room, the provisions of the current NC State Building Code must apply. *Table 508.2.5 of the 2012 NC State Building Code requires that storage rooms, larger than 100 square feet in Institutional Unrestrained occupancies must be separated from the remainder of the facility by a one hour fire resistance rated fire barrier constructed in accordance with Section 707. *Section 707.5 states that fire barrier walls must extend continuously from the top of the floor to the bottom of the roof deck. *Section 707.6 requires that openings for doors shall be protected in accordance with Section 715. *Table 715.4 requires that doors in one hour fire barriers must be a minimum of ¾ hour fire rated and equipped with closers. The room is not separated from the remainder of the facility by a one hour fire resistance rated fire barrier and is equipped with only 1 ¾ thick solid wood door without a closer.</p> <p>2. Based on observation the facility may not meet the building code in effect when licensed. Findings include: The ceilings on the 200 and 300 Halls are</p>	C 101		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 2 suspended ceilings. It is obvious that many ceiling tiles have been replaced because of variations in color and texture. Section 516.1 - Institutional Buildings of the 1967 NC State Building Code (b) required, "Institutional buildings...shall have floors and partitions with fire resistance ratings of not less than one hour and with one hour ceilings under roofs..." Provide verification that the ceiling tiles are approved for use in a one hour fire resistant ceiling.	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: Based on review of documents, a current fire alarm system inspection report could not be found. Fire alarm systems must be inspected and certified as working properly to insure the safety of residents, staff and visitors.	C 111		
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	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(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	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: a. Loose toilet in bath off room 109, b. Loose toilet in bath off room 212, c. Loose toilet in bath off room 210, d. Loose toilet in bath off room 204, 2. Based on observation, the hose on the shower wand in the bathroom off the Maintenance office was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 3. Based on observation there was a hasp and padlock on the corridor door to bedroom 309. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 4. Based on observation, three ceiling radiation dampers in air duct in the 100 Hall Day room were activated and closed. Closed radiation dampers prevent proper ventilation in the space.	C 166		
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,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. <p>Findings include:</p> <ol style="list-style-type: none"> a. Hole behind the door in the Maintenance office, b. Holes in ceiling of beauty salon, c. Unsealed wire penetration in lobby, d. Unsealed wire penetration in office Manager's office, e. Unsealed wire penetration above sprinkler riser, f. Unsealed wire penetration in dietary office, g. Unsealed penetrations in attic smoke barrier wall above the cross-corridor doors at room 201, h. Unsealed conduit penetrations in dry storage off the kitchen, i. Unsealed conduit penetrations in pantry off the kitchen, j. Holes and openings in smoke barrier wall above 100 Hall, k. The gypsum compound and tape were falling off the smoke barrier wall above 100 Hall, l. Unsealed penetrations at wires, conduits and sprinkler pipe in attic fire wall above Day room on 100 Hall, m. Unsealed penetrations at plastic pipes in 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 5</p> <p>laundry ceiling,</p> <p>n. The listed ceiling radiation dampers in the HVAC duct penetrations in the following locations were tied open with wires or plastic zip ties. Dampers that are held open with means other than a manufacturer's approved fuse link will not close properly in the event of a fire.</p> <ul style="list-style-type: none"> i. Clean linen room, ii. Bathroom adjacent to the clean linen room, iii. Nurse station on 100 hall, iv. Fire sprinkler valve room on 100 Hall. <p>o. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the employee bathroom on 300 Hall,</p> <p>p. Large opening in ceiling in hot water room off laundry,</p> <p>q. Residential fire foam used to seal holes in ceiling in hot water room off laundry. Fire foam is not approved for use in Institutional Occupancies.</p> <p>r. Broken ceiling tile in room 204.</p> <p>2. Based on observation, the facility was not maintained in a safe manner because of smoke barrier doors not closing properly and/or latching when released by the fire alarm system in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include;</p> <ul style="list-style-type: none"> a. One cross-corridor door at the Lobby did not close when activated by the fire alarm system. b. The cross-corridor doors at the 100 Hall nurse station did not latch when activated by the fire alarm system. c. The cross-corridor doors at the 100 Hall nurse station were not consistently coordinated in closing when activated by the fire alarm system. <p>3. Based on observation, the battery powered</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 6</p> <p>emergency light in the corridor on the 300 Hall and on the combination exit emergency light at the end of 300 Hall would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>4. Based on observation, the facility was not maintained in a safe condition by obstructing an exit ramp. Obstructed required exits could delay or prevent an evacuation in an emergency. Findings include; The exterior exit ramp near room 112 was blocked with beds so that only about 2 feet of clear space remained.</p> <p>5. Based on observation, there was no access door provided to allow inspection and cleaning of the sampling tubes for the duct mounted smoke detector in the attic above room 109. Sampling tubes that are not periodically inspected and cleaned may cause the duct detector to not work properly in the event of a fire.</p> <p>6. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The doors to the corridor from the med room and from the nurse station on the 300 Hall are cut into 2 pieces like a "Dutch" door. The top half of each of these doors is not provided with automatic latching to prevent smoke and fire infiltration into the corridor. b. The lock strike is missing on the corridor door to the nurse station on 300 Hall preventing the</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 7 door from latching closed properly. c. There are holes beside the lock in the door to room 303. d. There are holes through the door to room 212. e. One of the hinges is broken on the door to room 209. f. The latch has been removed on the door to room 202. 7. Based on obsevation, the battery back-up is not working on the exit sign at the end of 200 Hall. An improperly working exit sign could delay an evacuation in an emergency. 8. Based on observation, a sink has been removed in the soiled linen room and the drain line was not sealed closed. Improperly capped drain lines can allow noxious odors and bacteria to enter the facility.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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:	C 195		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 195	Continued From page 8 Based on observation, the hot water temperature was only 93 degrees in room 109 and only 85 degrees in room 121.	C 195		
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"> (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. Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; <ul style="list-style-type: none"> a. The exhaust system was not working in the Men's and Ladies bathrooms near the lobby. b. The exhaust fan was not working in the bath off room 202. 2. Based on observation the facility failed to maintain required exhaust in a proper working condition. Improperly functioning exhaust could 	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 9 cause an unhealthy buildup of moisture and possibly bacteria. Findings include; Several exhaust fans on the 100 Hall had loose or missing exhaust ducts and were venting to the attic rather than to the outside as required.	C 199		
C 138	Corridors-Free of Obstructions C. The Building 3. Arrangement and size of rooms. Each home shall provide: l. Corridors (See North Carolina State Building Code Requirements for Nursing Home and Boarding Homes.) (9) Free of all obstructions or impediments to full instant use in case of fire or other emergency. This Rule is not met as evidenced by: A "jerry" chair was stored in the corridor near room 108 reducing the available width of the hall to less than 5 feet.	C 138		
C 141	Outside Entrances-Ramps C. The Building 3. Arrangement and size of rooms. Each home shall provide: m. Outside entrances (3) For height of risers and width of treads see North Carolina Building Code. (4) Ramps (See North Carolina State Building Code Requirements for Nursing Homes and Boarding Homes). Slope not to exceed one inch in twelve inches and be in compliance with Section (11-x) 5.1 of North Carolina Building Code. Handrails on both sides 32 " high. This Rule is not met as evidenced by:	C 141		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 141	Continued From page 10 Based on observation, there was no handrail provided on either side of the last 8 feet of the exit ramp from 200 and 300 Halls. Ramps having a slope greater than 1 in 20 without proper handrails could cause residents and/or staff to fall in an evacuation.	C 141		