PRINTED: 03/31/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: #1 B. WING	(X3) DATE SURVEY COMPLETED 03/27/2015

NAME OF PROVIDER OR SUPPLIER: MOUNTAIN MANOR ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: WEST BURNSVILLE CHURCH ROAD, BURNSVILLE, NC 28714

(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	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 3-27-2015. Records indicate that this facility was first licensed on 11-1-1974, for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.	C 000	CONSTRUCTION MAY 1 6 RECEI	
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.	C 111		
√	This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	DIRECTOR WILL HAVE ALL REQUIRED INSPECTIONS UP-TO DATE/CURRENT by 6-01-15 RD	6-01-15
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	C 185		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ron Dodson
TITLE: Owner/Adm
(X6) DATE: 5-15-15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	HAL100002		03/27/2015

NAME OF PROVIDER OR SUPPLIER: MOUNTAIN MANOR ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: WEST BURNSVILLE CHURCH ROAD, BURNSVILLE, NC 28714

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C 185	Continued From page 1 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: Based on a review of documents, the records of fire plan rehearsals did not include the time of the rehearsal or a description of what was involved.	C 185 C-185	Fire Drills current and now Documented RDodson	5-08-15
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 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Residential fire foam was used to seal many	C 189	Next Pg.	

PRINTED: 03/3 [illegible]
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 03/27/2015
NAME OF PROVIDER OR SUPPLIER: MOUNTAIN MANOR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: WEST BURNSVILLE CHURCH ROAD BURNSVILLE, NC 28714		

CONSTRUCTION SECTION
MAY 15 2015
RECEIVED

(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 2	C 189		
	holes throughout the facility. Fire foam is not approved for use in Institutional Occupancies. Locations include: i. Main office, ii. Utility closet on Short Hall, iii. Utility closet on Long Hall, b. Ceiling damaged by a water pipe in utility closet on Long Hall.	C-189 1-	Per observation holes, Penetrations to be sealed with Fire Retardant Caulking by Contractor [illegible]	5-12-15
	2. Based on observation, one attic draft stop door was found to be open. When draft stop doors are left open, the draft stop cannot perform its function of limiting airflow in the event of a fire in the attic.	2-	Draft stop closed. [illegible]	5-26-15
	3. Based on observation, the cast iron lavatory has become loosely mounted to the wall in the Women's bathroom on the Long Hall. The lavatory could be dangerous to residents should it fall.	3-	Lavatory Reattached by ALL Pro Plumbing [illegible]	5-11-15