

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 9-9-2015.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 64 residents on 10-23-1997. The Special Care Unit houses up to 16 of the residents. Therefore the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code(s), Section 409.1 Institutional Occupancy.</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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility was not in compliance with the NC State Building Code as relates to Special (magnetic) Locking. This could</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: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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>affect all building occupants if evacuation were delayed or prevented in an emergency. Findings include:</p> <ul style="list-style-type: none"> a. There was no central emergency release switch provided for the magnetically locked exit door at the end of the corridor at the right end of the building. b. There was no emergency release switch provided adjacent to the magnetically locked exit door at the end of the corridor at the right end of the building. c. The emergency release switches provided adjacent to both of the magnetically locked exit doors in the Special Care Unit did not release the doors. d. The emergency release switches at the doors in Special Care were under locked boxes and most staff had no key. e. The central emergency release switch provided for the magnetically locked exit doors in the Special Care Unit was not labeled. f. There was no wiring diagram or system components location map provided at the fire alarm panel. <p>2. Based on observation, the facility was not in compliance with the NC State Building Code as relates to secured yards in the path of egress. This could affect all building occupants if the secured yard does not provide adequate safe dispersal area or the gate is not equipped with special locking arrangements to provide free egress in an emergency. Findings include:</p> <ul style="list-style-type: none"> a. Access to an exit path from the Special Care exterior exit door and the exit door from the stairwell at the left end of the building, has been changed and is now through an extended fenced in area of the Special Care courtyard. The courtyard is not large enough to provide an area 	C 101		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 2</p> <p>of refuge (safe dispersal area) and the exit gate is locked with a key operated deadbolt.</p> <p>b. Access to an exit path from the courtyard behind the main dining room is either through a gate to the Special Care courtyard or through a gate to a space behind the masonry fence. The courtyard is not large enough to provide an area of refuge (safe dispersal area) and both of the exit gates are locked with key operated deadbolts.</p> <p>c. The gate by the masonry fence was very hard to open after it was unlocked.</p> <p>d. The gate by the masonry fence led to a space about 7 feet wide between the masonry fence and a chain link fence at the side of the highway behind the facility. The space is currently unacceptable as an exit path because it is completely overgrown with several years' growth of small trees, bushes and vines.</p> <p>3. Based on observation, the facility was not in compliance with the NC State Building Code as relates to Delayed Egress which requires signs on doors equipped with Delayed Egress that read, "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." Failure to provide signs could cause confusion and delay an evacuation in an emergency. Findings include:</p> <p>a. There were no signs provided at both of the Delayed Egress exits on the 3rd floor.</p> <p>b. There was no sign provided at one of the Delayed Egress exits on the 2nd floor.</p> <p>c. There was no sign provided at the Delayed Egress door from the stairwell at the left end of the building.</p>	C 101		
C 133	Bathrooms-Hand Grips	C 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 133	Continued From page 3 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: Based on observation, the hand grip provided at the toilet in the bathroom off room 304 was loosely mounted to the wall. Loose hand grips can cause a resident to fall.	C 133		
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; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the fiberglass reinforced panels (FRP) in the kitchen were coming loose from the walls. FRP that is not properly installed is difficult to clean and can provide a harbor for vermin and insects.	C 164		
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: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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>REQUIREMENTS</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"> 1. Based on observation, a duct mounted smoke detector was installed in the sprinkler riser room but no access door was provided to allow inspection and maintenance. Duct mounted smoke detectors that are not periodically inspected and cleaned may fail to work properly in an actual fire. 2. Based on observation, the motorized smoke and fire damper protecting the duct penetration through attic smoke barrier wall above the suspended ceiling on the 2nd floor had failed. Smoke dampers that do not work as designed cannot prevent smoke generated from a fire on one side of the smoke barrier wall from traveling to the "safe zone" on the other side of the wall. 3. 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: <ol style="list-style-type: none"> a. Holes in walls and ceiling of the sprinkler riser room. b. Unsealed sleeves through the ceiling of the sprinkler riser room. 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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>c. Unprotected 3 inch PVC penetration through the ceiling of the sprinkler riser room.</p> <p>d. Several unsealed penetrations for non-metallic sheathed electrical wire through the corridor wall above the suspended ceilings on the 2nd floor.</p> <p>e. Hole, 10 inches by 10 inches, through the corridor wall above the suspended ceiling on the 2nd floor near the smoke barrier wall.</p> <p>f. Many unsealed holes through the smoke barrier wall on the 2nd floor.</p> <p>g. Unprotected 4 inch PVC penetration through the ceiling above the kitchen.</p> <p>h. Holes in wall of large laundry on 2nd floor.</p> <p>i. Connection joint from wall to ceiling damaged in large laundry on 2nd floor.</p> <p>j. Hole in ceiling beside a junction box in large laundry on 2nd floor.</p> <p>k. Smoke detector loose from ceiling in corridor near room 216.</p> <p>l. Holes not properly sealed through the smoke barrier wall in the attic.</p> <p>m. Several unsealed holes through the corridor wall above the suspended ceilings at the left end of the 1st floor.</p> <p>n. Unsealed penetrations and sleeve through the smoke barrier wall on the 1st floor.</p> <p>o. Hole in ceiling of Program Co-ordinator's office.</p> <p>p. Plastic access panel, about 14 inches by 14 inches, in ceiling of large laundry on the 1st floor.</p> <p>4. Based on observation, the exterior exit door in the stairwell adjacent to Special Care was very hard to open. Exit doors that will not open easily could delay or prevent and evacuation in an emergency.</p> <p>5. Based on observation, the cross-corridor doors near room 313 are equipped with latching hardware. When the doors were closed by</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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>activation of the fire alarm system one door failed to latch closed. Cross-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.</p> <p>6. Based on observation, all doors in hazardous area/incidental use area separation was not maintained to be self-closing or automatic closing upon activation of the fire alarm system. Separating doors that do not automatically 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;</p> <ul style="list-style-type: none"> a. The door to the large laundry on the 2nd floor was found wedged open. b. The door to the large laundry on the 3rd floor was found wedged open. c. The latch bolt was missing on the door to the large laundry on the 3rd floor making it unable to latch closed. d. A wedge was found at the soiled utility room on the 3rd floor indicating it is sometimes wedged open. e. A wedge was found at the large laundry on the 1st floor indicating it is sometimes wedged open. <p>7. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working on battery back-up. Exit signs that fail to work during a power loss could delay an evacuation in an emergency. Findings include:</p> <ul style="list-style-type: none"> a. The exit sign near room 302 would not work on battery back-up. b. The exit sign near room 318 would not work on battery back-up. c. The exit sign at the exterior exit in Special 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 7</p> <p>Care would not work on battery back-up.</p> <p>d. The exit sign in the dining room would not work on battery back-up.</p> <p>8. Based on observation, one of the battery powered emergency lights in the main dining room 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>9. Based on observation, the staff was not aware of the location of the required central emergency release switch for the magnetically locked exit doors in the Special Care Unit. Failure to train staff as to the location and use of this switch could delay or prevent an evacuation in an emergency.</p> <p>10. Based on observation, corridor doors are prevented from closing quickly and 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;</p> <p>a. The latch was damaged on the door to the employee lounge making it unable to latch closed.</p> <p>b. The 2 doors from the kitchen to the dining room are bi-swing and cannot be made smoke resisting as required by Section 409.1.5. This situation is exacerbated by the 2 French doors from the corridor to the dining room that have the closers removed and were wedged open.</p> <p>11. Based on observation Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 8</p> <p>possibility that someone could be trapped in the room. Findings include:</p> <p>a. There was a hasp and padlock on the door to the pantry.</p> <p>b. There were chain latches installed on the outside top corner of many closets on the 1st floor.</p> <p>12. Based on observation the facility was not maintained in a safe manner because of disabled safety release hardware on the walk-in refrigeration units. Safety release hardware that does not work properly could cause someone to be locked in the space. Findings include:</p> <p>a. The safety release hardware on the walk-in refrigerator had been replaced with a hasp and padlock that cannot be opened from inside the refrigerator.</p> <p>b. The safety release hardware on the walk-in freezer had been disabled and would not open from the inside.</p> <p>13. Based on a review of documents, the fire extinguisher on the 3rd floor is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the extinguisher to fail to work when needed. Findings include: The fire extinguisher had not been inspected since July of this year.</p> <p>14. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include:</p> <p>a. The toilet in the bathroom off room 304 was loosely mounted to the floor.</p> <p>b. The toilet in the bathroom off room 106 was</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE MEADOWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LANARK ROAD CHAPEL HILL, NC 27514
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 9 loosely mounted to the floor.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, switches to control the operation of ranges were accessible to residents and there was no staff present to supervise. Findings include: a. The switch to control the range in the Special Care Unit was in an unlocked cabinet adjacent to the range. b. The switch to control the range on the first floor was in an unlocked cabinet adjacent to the range.	C 193		