

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 4801 EDWARDS MILL ROAD RALEIGH, NC 27612
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(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 a Biennial Survey by Billy S. Bryant and Greg Cates conducted on 12/08/2015.</p> <p>Records indicate this facility was first licensed on 02/27/1998. The facility is currently licensed for 100 Beds with a 46 Bed Special Care Unit. 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 and applicable portions of the 1998 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1998 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. The facility failed to have available for review and maintained on site current (within the calendar year) kitchen and building sanitation inspection reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with sanitation and environmental requirements.</p> <p>Findings on 12/08/2015.</p> <p>a. A current (within the calendar year) building sanitation report was not available for review at</p>	C 111	Faxed 12/8/15	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Adina Nohia* TITLE: *Executive Director* DATE: *1/12/16*

Sunrise Senior Living Plan of Correction

Name of Community: Sunrise of Raleigh
Address: 4801 Edwards Mill Road Raleigh, NC 27612
License number: HAL-092-096
Inspection date(s): 12/8/2015
Name and Title of Sunrise Representative Signing the Plan of Correction: Andrea Nobis Executive Director
Signature of Sunrise Representative: 
Date of Submission: 01/12/2015

Regulation	Target Date by Which Correction will be completed	Plan of Correction
SECTION .0300 – PHYSICAL PLANT 10A NCAC 13 F .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.	12/9/15	A. With respect to the specific resident/situation cited: A current sanitation report was not available for review. This report was faxed to the state on 12/9/15.

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	<p>1/15/16</p> <p>1/15/16</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>Maintenance Coordinator (MC) will ensure the building sanitation report is available for review in the Licensing binder located in the ED office.</p> <p>In addition, the MC audited the inspection report files to ensure that other required reports are available. No issues were identified.</p>
	<p>1/15/16</p> <p>1/15/16</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The sanitation report will be maintained in the ED office in a licensing binder and the ED will ensure that the binder contains reports that are current.</p> <p>Maintenance Coordinator (MC)/ED will file all inspections in a binder to ensure documentation is available when needed. The main binder will be located in the ED office, and a copy maintained in the MC office.</p>
	<p>1/15/16 and ongoing</p> <p>1/15/16 and</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The ED or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The ED is responsible for ensuring that this Plan of Correction</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	ongoing	is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if required.
<p>C164 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS.</p> <p>(a) Adult care home shall:</p> <p>(1) Have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) Have no chronic unpleasant odors;</p> <p>(3) Have furniture clean and in good repair;</p> <p>(e) This rule shall apply to new and existing facilities.</p>	<p>1/7/16</p> <p>12/29/15</p> <p>1/10/16</p> <p>1/14/16</p> <p>1/9/16</p> <p>1/4/16</p> <p>1/7/2016</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>The flooring in front of the bistro was cleaned and completed by MC.</p> <p>The frayed carpeting was repaired. Carpet vendor installed a metal railing to house the rubber transition strip which prevents and/or minimizes fraying.</p> <p>Drywall damage in 1st floor Serving Kitchen was completed. Painting will be completed by MC on 1/13/16</p> <p>The hole behind 3rd Floor washing Machine Closet is scheduled to be repaired on 1/14/16 by Allgaard Inc. (A drywall vendor).</p> <p>The damaged ceiling in Bathique was repaired and painted by the MC.</p> <p>Repairs were made to scuff marks, light damage, and marred paint by the MC.</p> <p>The cabinet door in the break room on the Terrace floor was repaired by the MC.</p>
	1/11/16	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Maintenance Coordinator completed walking rounds to identify needed repairs or cleaning. No repairs were identified.</p>

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	1/15/16	MC and housekeeping team will receive a re-fresher training from the Senior MC regarding safety measures and preventative maintenance and the protocols we follow to keep the physical plant and furnishings in safe, good repair.
	<p>1/11/16</p> <p>1/15/16 an ongoing</p> <p>1/12/16 and ongoing</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Senior MC will conduct a monthly audit to ensure the preventative maintenance schedule is being followed. Any issues identified will be documented and resolved. This will be conducted over the next two months and then quarterly thereafter.</p> <p>MC/ED/Designee will complete monthly visual checks to ensure preventative maintenance is on schedule. Any issues identified will be documented and resolved.</p> <p>The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for cleanliness, and repair status. Any issues identified during rounds will be documented and resolved.</p>
	<p>1/15/16 and ongoing</p> <p>1/15/16 and ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The ED or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if required.</p>

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<p>SECTION .000 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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>12/9/15</p> <p>12/9/15</p> <p>12/9/15</p> <p>12/9/15</p> <p>1/5/16</p> <p>12/10/15</p> <p>12/10/15</p> <p>12/6/15</p> <p>1/12/16</p> <p>12/9/15</p> <p>1/6/16</p> <p>1/10/16</p> <p>12/16/15</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>The fire alarm audio visual device was repaired by Simplex (an outside vendor) on 12/9/15.</p> <p>Dust from the kitchen smoke detector sampling tube in the HCAV unit was cleaned out by the MC.</p> <p>1st floor dining room – magnetic hold open device was repaired and is now attached to the wall. This was repaired on 12/9/15 by MC.</p> <p>Kick down hold open devices were removed from the sales office door and sunroom door. These were removed on 12/9/15 by MC.</p> <p>The objects that were used to hold open resident room doors were removed.</p> <p>The following doors were repaired so they are able to close and latch:</p> <p>1st floor dining room door.</p> <p>3rd floor dining room door.</p> <p>3rd floor cross corridor door.</p> <p>Kitchen – door from the kitchen to the corridor.</p> <p>The portable privacy screen blocking the atrium fire resistant rated shutter was removed while surveyor was on site.</p> <p>The gaps in the 1st floor sunroom bistro in fire resistant rated ceiling at the flush mounted down lights were repaired.</p> <p>The hole in the employee break room in the fire resistant rated stairwell was repaired.</p> <p>On the Terrace floor the wall mounted emergency light #42</p>

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	<p data-bbox="516 346 604 380">1/9/16</p> <p data-bbox="516 625 604 659">1/12/16</p> <p data-bbox="516 829 604 863">1/11/16</p>	<p data-bbox="704 241 1490 310">was repaired and is operations. MC will check all emergency lighting monthly per Sunrise Preventative Maintenance Policy.</p> <p data-bbox="704 346 1490 520">Terrace floor – the lighted exit sign at the cross corridor doors adjacent to the elevator equipment/electrical room did not operate when tested and were repaired. The MC will check all emergency lighting monthly per Sunrise Preventative Maintenance Policy.</p> <p data-bbox="704 625 1490 758">On the Terrace floor the exterior wall mounted emergency lights above the dining room doors to the terrace were replaced. MC will check all emergency lighting monthly per Sunrise Preventative Maintenance Policy.</p> <p data-bbox="704 793 1490 827">Items stored in the stairway landings were removed by MC.</p>
	<p data-bbox="488 1213 639 1283">1/15/16 and ongoing</p> <p data-bbox="488 1423 639 1493">1/15/15 and ongoing</p>	<p data-bbox="753 1073 1409 1171">B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p data-bbox="704 1213 1409 1346">The Executive Director and Maintenance Coordinator completed walking rounds to identify any needed safety repairs or issues requiring vendor involvement. No issues identified.</p> <p data-bbox="704 1423 1490 1625">MC and housekeeping team will receive a refresher training from the Senior MC regarding safety measures and preventative maintenance and the protocols we follow to keep the physical plant in safe, good working condition. This will be conducted over the next two months and then quarterly thereafter.</p>

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	<p>1/12/16 and ongoing</p> <p>1/10/15 and ongoing</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for safe operating conditions. Any issues identified during the rounds will be documented and resolved.</p> <p>Senior MC will conduct a monthly audit to ensure the preventative maintenance schedule is being followed. Any issues during the audit will be identified and resolved. This will be conducted over the next two months and then quarterly thereafter.</p>
	<p>1/15/16 and ongoing</p> <p>1/15/16 and ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The ED or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if required.</p>
<p>C166 SECTION. 0300 – PHYSICAL PLANT 10A NCAC 13F. 0306 HOUSEKEEPING AND FURNISHINGS, Free of Hazard</p>	<p>1/6/16</p> <p>1/6/16</p> <p>1/17/16</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>MC added wall anchoring to the oxygen rack to ensure O2 canisters are safely maintained.</p> <p>Items impeding access to the electrical panels were removed by the MC.</p> <p>The damage to the soffit on the patio ceiling on the exterior of</p>

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	12/10/15	<p>the Terrace neighborhood was evaluated by a contractor and the community is waiting for the quote to approve and start the repairs. The repairs are scheduled to be completed between 1/13/16 – 1/17/16</p> <p>The damage to the Canopy at the entrance was repaired by Allguard, Inc. (an outside vendor)</p>
	<p>1/15/16 and ongoing</p> <p>1/15/16</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Maintenance Coordinator completed walking rounds to identify any needed safety repairs or issues requiring vendor involvement. No issues identified.</p> <p>MC and housekeeping team will receive a refresher training from the Senior MC regarding safety measures and preventative maintenance and the protocols we follow to keep the physical plant in safe, good working condition.</p>
	<p>1/11/16 and ongoing</p> <p>1/15/16</p> <p>1/12/16 and ongoing</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Senior MC will conduct a monthly audit to ensure the preventative maintenance schedule is being followed. Any issues identified will be documented and resolved. This will be conducted over the next two months and then quarterly thereafter.</p> <p>MC/ED/Designee will complete monthly visual checks to ensure preventative maintenance is on schedule. Any issues identified will be documented and resolved.</p> <p>The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to</p>

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		check for cleanliness, and repair status. Any issues identified during rounds will be documented and resolved.
	<p>1/15/16</p> <p>1/15/16 and ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The ED or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The ED is responsible for ensuring that this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if required.</p>
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