

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2016
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NAME OF PROVIDER OR SUPPLIER MONROE MANOR ASSISTED LIVING BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BAUCOM ROAD MONROE, NC 28110
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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 Biennial Construction Survey by Dennis Harrell on 2-26-2016.</p> <p>Records indicate this facility was first licensed on 08-18-1992, for 12 residents. Based on this information, the facility was surveyed using 1991 Edition of the North Carolina State Building Code-Section 409-Institutional Occupancy, the 1991 Minimum Standards and Regulations for Homes for the Aged and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.</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(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: Based on a review of documents, a current fire and building safety inspection report was not available in the home for review.</p>	C 111		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>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 Enforcement Official. (c) Records of rehearsals shall be maintained</p>	C 185		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 185	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on a review of documents, records were available onsite for only the last month of the rehearsals of the fire plan. At least 12 months of records must be maintained and available for review. 2. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved. 3. Based on interview, the facility staff has been conducting all fire drills without the use of the fire alarm system. Staff stated that they just get together and discuss what to do in the event of a fire. Fire drills should be spontaneous and must be conducted using the fire alarm system so the staff and residents will be trained to respond and evacuate to the sound of the fire alarm system. 	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - 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)</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>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 fire alarm system was showing a "Trouble" condition. Although the system activated when tested, fire alarms in "Trouble" may fail to operate properly when needed. 2. Based on observation, the battery powered emergency light in the corridor near the Activity 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. 3. Based on observation, 2 sprinkler heads on the ceiling of the drive through portico were completely obstructed with mud from an insect nest. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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. Hole in the ceiling at a sprinkler head in the med room, b. Unrated insulating foam used to seal openings in the ceiling in the riser room. 5. Based on observation, a corridor door is prevented from being able to resist the passage of fire and smoke. Corridor doors that are not smoke resisting present the possibility that a fire that begins in one space can quickly spread to 	C 189		

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C 189	Continued From page 3 the corridor and the remainder of the facility. Finding includes; There was a hole through the door to the riser room.	C 189		