

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF CARY	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 WEST CHATHAM STREET CARY, NC 27513
--	---

(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 Construction Section Biennial Survey by Tod Hancock on March 12, 2024.</p> <p>This facility was first licensed on July 23, 2009, as a Home for the Aged serving 85 residents including a 35 bed Special Care Unit. Therefore, the facility must meet the 2006 North Carolina State Building Code(s) for Institutional Occupancy, and the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were noted which require a Plan of Corrections.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes 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>This Rule is not met as evidenced by: .Based on observation, the ceilings were not kept in good repair. Findings March 12, 2024:</p> <p>a. 1st Floor Dining Room- There is an incomplete drywall ceiling repair.</p>	C 164		
C 189	<p>Building Equipment Maintained Safe, Operating</p>	C 189		

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: HAL092209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2024	
NAME OF PROVIDER OR SUPPLIER SUNRISE OF CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 WEST CHATHAM STREET CARY, NC 27513		
(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 1</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) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1 Based on observation the facility failed to maintain the fire system safety components in a safe and operating condition. This could affect all occupants who rely on timely notification of emergencies.</p> <p>Findings on March 12, 2024:</p> <p>a. The Fire Alarm Control Panel (FACP) was indicating trouble with the smoke detector in room 229. Interview with staff indicated the detector had been ordered and will be installed upon arrival.</p> <p>2. Based on observation, the buildings plumbing system is not maintained in a safe manner.</p> <p>Findings on March 12, 2024:</p> <p>a. Kitchen- The ice machine drain does not have a 2" air gap</p>	C 189		