PRINTED: 07/10/2017 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		FCL059028	B. WING	3		07/03/2017
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
VINTERG	REEN ASSISTED LIVIN	G	MING AVENUE I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO	R'S PLAN OF CORRECTION (X5) RECTIVE ACTION SHOULD BE COMPLIA RENCED TO THE APPROPRIATE DATE DEFICIENCY)	
C 000	Initial Comments		C 000			
	The Adult Care Licer annual survey on Ju	nsure Section conducted an ly 3, 2017.				
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings		C 074			
	Furnishings (a) Each family care (1) have walls, ceilin coverings kept clean	gs, and floors or floor				
	failed to kept the floo	t as evidenced by: on and interview, the facility ors in the main hallway and in rooms clean and in good				
	The findings are:					
	8:20am to 9:07am re -The carpeting down thin from excessive of -The light brown cold gray along the high the -In the middle of the area 3 ft. long by 1/2 where two pieces of and were separating -At 8:57am, the first right side of the hallw bathroom light brown brownish yellow. -The right side of the	the main hallway appeared wear. ored carpeting was soiled traffic areas of the hallway. hallway, there was a frayed in. wide area of carpeting carpeting had been joined due to wear. common bathroom on the way, the entire area of the in vinyl floor was soiled white vanity cabinet beside oiled brownish yellow in a 2				

O63T11

PRINTED: 07/10/2017 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED C		
			A. BUILDING:			
		FCL059028	B. WING		07	7/03/2017
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
VINTERG	REEN ASSISTED LIVING	3	MING AVENUE I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	ER'S PLAN OF CORRECTION (X5 RRECTIVE ACTION SHOULD BE COMPL ERENCED TO THE APPROPRIATE DAT DEFICIENCY)	
C 074	Continued From page 1		C 074			
	left side of the hallwa area of the gray vinyl white material inside Interview with the Su 7/3/17 at 1:22pm rev -She was aware the of the vinyl flooring in the needed to be replace -The Administrator wavery worn in the hallw -The Administrator "is that carpet or removin -The Administrator wave bathroom floors too. man that's gonna do	pervisor-In-Charge (SIC) on ealed: carpeting in the hallway and the common bathrooms ed. as aware the flooring was vay and common bathrooms. is supposed to be replacing ing it altogether." as "gonna redo the She's already talked to the				
	alth Service Regulation					

O63T11