Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:				
HAL086014		B. WING		R-C <b>08/25/2021</b>		
NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATKI DOBSON, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section and the Surry County Department of Social Services conducted an annual and follow-up survey on August 24 - 25, 2021.					
D 076	D 076 10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings		D 076			
	10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities.					
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 2 chairs in the day room and 1 sofa and 2 chairs in the outdoor smoking area were clean and in good repair.					
	The findings are:					
	from 9:21am to 9:29a -There was 1 metal control stains that had the viring from the seat areaThere was 1 upholst visible debris, stains a marksThe same recliner has mechanismThere was 1 upholst visible stains, debris, seats, and multiple cities.	hair with visible debris and hyl upholstery coming loose ered cloth recliner with and multiple cigarette burn ad a broken foot rest ered reclining sofa with torn upholstery on all 3				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOLEBING.		R-C	
		HAL086014	B. WING		1	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK				
	Г	DOBSON,	NC 27017			
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D 076	Continued From page	e 1	D 076			
	Observation of the day room furniture on 08/25/21 at 10:47am revealed:  -There was 1 wooden framed chair that had the vinyl upholstery coming loose and foam padding hanging out from underneath the seat area.  -There was 1 upholstered cloth chair with visible stains and a torn section with exposed foam material on the seat.  -There were no residents seated on the chairs.  Confidential interview with 3 residents on 08/25/21 revealed:  -The chairs in the day room and smoking area had been in disrepair for several months.  -The condition of the furniture in the day room and smoking area did not bother them.  -There were other chairs available to sit on that were in better shape.					
	Administrator on 08/2 -They were responsible furnishings in the facilarity were responsible furnishings were in goal -They were aware of sofa, and recliner in the areasThey did not know he had been in the smoken and been in the smoken and become finalized befor furnishings.  Review of the building 08/02/2021 revealed: -One demerit was detained in good repair.	ole for making sure the bood repair. the condition of the chairs, the smoking and day room bow long the sofa and recliner sing area. In the lease of the building to bore they replaced or repaired g sanitation report dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		R-C		
		HAL086014	B. WING		1	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK				
		DOBSON, I	NC 27017			
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D 076	Continued From page	2	D 076			
	-There was no docum furniture in the smokin	entation of torn or damaged ng area.				
D 079	10A NCAC 13F .0306 Furnishings	(a)(5) Housekeeping and	D 079			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (5) be maintained in a orderly manner, free of hazards; This Rule shall apply facilities.	shall an uncluttered, clean and of all obstructions and				
	failed to ensure outdo patio, walkways leadii parking lot, area just o and main entrance are	as and interviews, the facility or areas to include the ng into the building from the butside of the laundry room, ea maintained in an d orderly manner, free of all				
	The findings are:					
		sident Care Coordinator on revealed the census was				
		nts during the initial tour on revealed there were several ssistive devices to				
	Observation of the grassy area just outside of the laundry building entrance on 08/25/21 9:22am revealed: -There was a large hole in the ground just outside					

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			A. BUILDING: _				
		HAL086014	B. WING			R-C <b>25/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
RIVERWO	OD ALF	711 W AT	KINS DR				
		DOBSON	I, NC 27017				
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D 079	Continued From page	e 3	D 079				
	of the laundry building entranceThe hole was large enough for a person's foot to step into and fall or trip.						
	Observation of the concrete pad in the patio area on 08/25/21 at 9:23am revealed:  -There were large cracks in the concrete of the patio area.  -There was a large gap where the cracked areas converged.						
	Observation of the walkways leading into the building from the parking lot on 08/25/21 at 9:23am revealed: -There were large cracks in the concrete of the walkwaysThere were large gaps in the walkways.  Observation of the main entrance area, on the side of the building, on 08/25/21 at 9:24am revealed: -There was a square light fixture over the entrance area with broken glass panelsThere was a mattress lying on the ground behind the patio furniture at the entrance.						
	Administrator on 08/2 -They were responsite walkways and concrete. The hole in the ground was a water shut off value. They were responsite hole in the ground for they were responsite fixtures and keeping a clutterThey were aware of walkways, broken lighter.	ete areas of the patio. Ind near the laundry room Valve. Indeed the laundry room Valve. Indeed the securing/covering the laundry the laundry repairing outdoor light resident areas clear of					

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		A. BUILDING: _				
	HAL086014 B. WING			R-C <b>08/25/2021</b>		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
RIVERWOOD ALF	711 W ATH DOBSON,					
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
Review of the buildin 08/02/2021 revealed: -The score was 94.5	n the lease of the building to ore they started repairs. g sanitation report dated	D 079				

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