STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL086014			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		B. WING	B. WING		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	08/25/2021
			TKINS DR		
RIVERWO	OD ALF	DOBSO	N, NC 27017		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 000	Initial Comments		D 000		
	County Department	nsure Section and the Surry of Social Services conducted v-up survey on August 24 -			
D 076	10A NCAC 13F .030 Furnishings	06(a)(3) Housekeeping And	D 076		
	Furnishings (a) Adult care home (3) have furniture cle)6 Housekeeping And s shall: ean and in good repair; y to new and existing			
	failed to ensure that	ons and interviews, the facility 2 chairs in the day room and in the outdoor smoking area			
	The findings are:				
	from 9:21am to 9:29 -There was 1 metal stains that had the w from the seat area. -There was 1 uphols	chair with visible debris and rinyl upholstery coming loose stered cloth recliner with		facility will ensure that all damaged furniture referenced will be discarded. Smoking area has outdoor seating available.	10/31/2 J.
	marks. -The same recliner I mechanism.	and multiple cigarette burn nad a broken foot rest stered reclining sofa with			
	seats, and multiple of	s, torn upholstery on all 3 cigarette burn marks. dent seated on the reclining			
	Ith Service Regulation	V/SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE
	Patricia S			Administrator	9/24/2021

Reviewed and acknowledged on 9/28/21 by Jennifer Fender RN / jb/

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		R 08/25/2021			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE			
RIVERWO	OD ALF		TKINS DR N, NC 27017				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
D 076	Continued From page	91	D 076				
	vinyl upholstery comin hanging out from und -There was 1 upholst stains and a torn sect material on the seat. -There were no reside Confidential interview 08/25/21 revealed: -The chairs in the day had been in disrepair -The condition of the and smoking area dio -There were other cha were in better shape. Interview with the Ma Administrator on 08/2 -They were responsit furnishings in the faci -They were responsit furnishings were in go -They were aware of sofa, and recliner in the areas. -They did not know he had been in the smok -They were waiting on become finalized befor furnishings.	revealed: a framed chair that had the ng loose and foam padding erneath the seat area. ered cloth chair with visible tion with exposed foam ents seated on the chairs. with 3 residents on v room and smoking area for several months. furniture in the day room I not bother them. airs available to sit on that intenance Director and 15/21 at 12:57 revealed: ole for fixing or replacing lity. lef or making sure the bod repair. the condition of the chairs, he smoking and day room ow long the sofa and recliner ting area. n the lease of the building to ore they replaced or repaired g sanitation report dated		facility will ensure that all dam referenced will be replaced	aged furniture	10/31/21	
	-One demerit was de and in good repair.	ducted for furniture clean airs in the day room that are					

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL086014 B. WING		R 08/25/20		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RIVERWO	OD ALF		TKINS DR N, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 076	Continued From page	Continued From page 2				
	-There was no docun furniture in the smoki	nentation of torn or damaged ng area.				
D 079	10A NCAC 13F .0306 Furnishings	δ(a)(5) Housekeeping and	D 079			
	 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. 					
	failed to ensure outdo patio, walkways lead parking lot, area just and main entrance ar	ns and interviews, the facility oor areas to include the ing into the building from the outside of the laundry room, rea maintained in an d orderly manner, free of all				
	The findings are:					
		sident Care Coordinator on revealed the census was				
		ents during the initial tour on revealed there were several assistive devices to				
	laundry building entra revealed:	assy area just outside of the ance on 08/25/21 9:22am				
	-There was a large he	ole in the ground just outside				

Division of Health Ser STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE S COMPL		
		HAL086014	B. WING		२ 2 5/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		711 W A	TKINS DR			
RIVERWO	OD ALF	DOBSON	N, NC 27017			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 079	Continued From page	e 3	D 079			
	of the laundry building -The hole was large e step into and fall or tr	enough for a person's foot to		Facility will ensure that a cover the hole in the ground	is placed over	10/31/21
	on 08/25/21 at 9:23ar -There were large cra patio area.	ncrete pad in the patio area n revealed: icks in the concrete of the ap where the cracked areas		Facility will ensure that all cracks and gaps in the concrete be patched		10/31/21
	building from the park 9:23am revealed:	alkways leading into the king lot on 08/25/21 at acks in the concrete of the ps in the walkways.		Facility will ensure that all crac gaps in the concrete walkways patched		10/31/21
	side of the building, o revealed: -There was a square entrance area with br	light fixture over the oken glass panels. s lying on the ground behind		Facility will replace the broken fixture and will ensure that disc mattresses be disposed of		10/31/2
	Administrator on 08/2 -They were responsib walkways and concre -The hole in the groun was a water shut off	te areas of the patio. nd near the laundry room /alve.				
	hole in the ground for -They were responsib	ble for securing/covering the the water shut off valve. ble for repairing outdoor light resident areas clear of the condition of the				
	walkways, broken ligh	nt fixture, mattress, water nd broken concrete of the				

Division of Health Service Regulation STATE FORM

Health Service Regu DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY	
		A. BUILDING:		R		
	HAL086014	B. WING		08	/25/2021	
OVIDER OR SUPPLIER			, ZIP CODE			
DD ALF						
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
patio area. -They were waiting o become finalized bef Review of the buildin 08/02/2021 revealed -The score was 94.5	on the lease of the building to fore they started repairs. Ig sanitation report dated :	D 079				
	CORRECTION DVIDER OR SUPPLIER DD ALF SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag patio area. They were waiting of become finalized bef Review of the buildin 08/02/2021 revealed The score was 94.5 There was no docur	IDENTIFICATION NUMBER: HAL086014 DVIDER OR SUPPLIER STREET / DD ALF 711 W A DOBSO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 patio area. -They were waiting on the lease of the building to become finalized before they started repairs. Review of the building sanitation report dated 08/02/2021 revealed: -The score was 94.5 -There was no documentation related to these	IDENTIFICATION NUMBER: A. BUILDING: HAL086014 B. WING DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE DD ALF T11 W ATKINS DR DOBSON, NC 27017 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 079 Datio area. D 079 Patio area D 079 Decome finalized before they	IDENTIFICATION NUMBER: A. BUILDING: HAL086014 B. WING DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DALF T11 W ATKINS DR DOBSON, NC 27017 PROVIDER'S PLAN OF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC Continued From page 4 D 079 OT9 Patio area. D 079 D 079 Patio area D 079 D 079 Patio area D 079 D 079 D 079 Patio area D 079 D 079 D 079 Patio area D 079 D 0	IDENTIFICATION NUMBER: A. BUILDING: COMM HAL086014 B. WING 08 DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 08 DD ALF 711 W ATKINS DR DOBSON, NC 27017 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OCRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 079 D 079 Patio area. -They were waiting on the lease of the building to become finalized before they started repairs. D 079 Review of the building sanitation report dated 08/02/2021 revealed: -The score was 94.5 D 079 There was no documentation related to these D D	