PRINTED: 01/08/2015 FORM APPROVED

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING DDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED 12/18/2014	
		HAL059027				
NAME OF F					12/	10/2014
		120 EL EL	MING AVENUE			
RUSE HI	LL RETIREMENT CO	MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of Biennial Construction Survey by Dennis Harrell and Frank Strickland on 12-18-2014.					
	submitted on 1-16- The facility is curren Therefore the facilit conformance with t 2005 Rules for Lice Seven or More Beo the 1991 Edition of Code(s), Section 40 Occupancy, and the	he applicable portions of the ensing of Adult Care Homes of ls, and applicable portions of the North Carolina Building 09-Institutional Unrestrained e 1991 Minimum Standards r Homes for the Aged in effect				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	powered emergence tested. Battery pow will not work proper could endanger the Findings include: a. Emergency light working,	vation, several battery cy lights would not work when vered emergency lights that ly for at least 90 minutes e residents and staff.				
	b. Emergency light	in corridor near room 203 not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		B. WING		12/	12/18/2014		
			DDRESS, CITY, ST	TATE, ZIP CODE	•		
OSE HI	LL RETIREMENT CO	OMMIINITY	MING AVENUE , NC 28752				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	OULD BE COMPLI	
C 189	Continued From page 1		C 189				
	working, c. Emergency light in 2nd floor North stairway not working,						
	maintain the corrid resisting condition latching properly. close completely a that a fire that beg spread to the corri facility. Findings include;	rvation, the facility failed to lors in a smoke and fire because of a corridor door not Corridor doors that do not and latch present the possibility ins in one space can quickly dor and the remainder of the om 219 will not latch when					
	fire rated walls and in at least one loca Findings include: a. Holes in the wa floor. Holes that are not for use in one-hou the possibility that	rvation the required one-hour d/or ceilings were compromised ation. alls of the mop closet on the firs sealed with materials approved r fire rated construction presen a fire that begins in one space d to other areas of the facility.	t				
	shower wand in th the hair wash wan enough to reach th there were no vac on water fixtures th the flood rim of the of water system co breaker is installed	rvation the hoses on the e 3rd floor central bath and on d in the beauty salon were long ne basin of the fixtures and uum breakers provided. Hoses hat are long enough to reach e fixture present the possibility ontamination unless a vacuum d to prevent siphoning er into the water system.					

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Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL059027	B. WING		12/	18/2014
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	12/	10/2014
OSE HI	LL RETIREMENT CO	MMUNITY 120 FLE	MING AVENUE			
		MARION	, NC 28752		0000000000	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
C 191	Continued From pa	age 2	C 191			
C 191	Unvented & Portable Elec. Heaters Prohibited		C 191			
	 maintain 75 degree winter design cond following shall appl appliances. (2) Unvented fuel I portable electric he (k) This Rule shall facilities with the ex which shall not app This Rule is not mediate 	a heating system sufficient to es F (24 degrees C) under itions. In addition, the y to heaters and cooking burning room heaters and eaters are prohibited. apply to new and existing kception of Paragraph (e) oly to existing facilities. et as evidenced by: ion, a portable electric heater				

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