STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL013003 01/20/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 160 WARREN C. COLEMAN BLVD. FIRST ASSEMBLY LIVING CENTER CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Billy S. Bryant and Greg Cates conducted on 01/20/2015. Records indicate this facility was first licensed or submitted for licensure on 09/01/1984 as a HA. The facility is currently licensed for 180 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: A. Based on observation, the facility has not maintained all fire safety equipment in a safe manner by allowing the fire resistance rating of building components to be compromised. This deficiency could affect all occupants of the fire compartment(s) if fire and smoke were not contained in the room of origin. Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL013003	B. WING		01/	20/2015	
	PROVIDER OR SUPPLIER SSEMBLY LIVING CE	NTER 160 WA	ADDRESS, CITY, S RREN C. COLE ORD, NC 28027	MAN BLVD.	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 189	Continued From pa	ige 1	C 189				
	clothes dryer vent or resistant rated ceiling	ry Main Laundry - Where the ducts penetrate the 1 hour fire ng there is a gap between the netal flange attached to the					
	Office - Ceiling tiles are gaps in the ceil	or 's Closet, Maintenance are displaced such that then ing thus compromising the 1 are ceiling/floor assembly.	е				
	because facility equinality maintained in a saf maintenance for equinality created a fire hazar deficiency could aff	vation this rule is not being mulipment is not being to manner as follows: Lack of pulpment in the facility has red. In the event of a fire this fect all occupants in the fire the were not contained within					
	exhausted into the connection from the where it is transition	t throughout the room					
	radiation dampers a clogged with dust a fire could prevent the	facility HVAC grilles and above the HVAC grilles are and dirt and in the event of a ne radiation dampers from by by not completely closing.					
		vation during the survey the ntained electrical equipment i	n				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL013003	B. WING		01/2	20/2015		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FIRST AS	SSEMBLY LIVING CEI	NIFR	REN C. COL D, NC 28027	EMAN BLVD. 7				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
C 189	a safe manner by n lighting devices in a Codes and N.C. Bu could affect occupa the building in the efailure of the facility Finding: 1. 2nd Floor - Wher emergency light adj door did not operate D. Based on observatorage of oxygen is maintained in a safe storing oxygen cylin residents, staff and if a pressurized oxybe damaged and as Findings: 1. Rooms 116, 305, were sitting directly	ot maintaining emergency accordance with National Fire ilding Codes. This deficiency nts of the facility exiting from event of a fire that caused a electrical system.	C 189					
C 195	Hot Water System		C 195					
	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a							

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			3) DATE SURVEY COMPLETED	
		HAL013003	B. WING		01/	20/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
FIRST AS	FIRST ASSEMBLY LIVING CENTER 160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETE DATE	
C 195	Continued From pa	ge 3	C 195				
	facilities with the ex	apply to new and existing ception of Paragraph (e) ly to existing facilities.					
	facility has not mair	vation during the survey the ntained water temperatures in s rule. This deficiency affects					
		ter temperatures on the 1st htly measured at 120° F which hum allowed.					
C 199	Exhaust Ventilation		C 199				
	provided with exhautwo cubic feet per na requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the extension of the state of	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;					
		et as evidenced by: vation during the survey the ided exhaust ventilation in					

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C 199	Continued From pa	ige 4	C 199				
	accordance with the the staff using the i occupants on the s present. In addition system deficiency of 1st floor. 1. 1st Floor a. The central exhaunot operating. b. Bed Pan Room the room. 2. 2nd Floor a Bed Pan Room the room. b. Janitor 's Closet the room.	is rule. This deficiency affects individual rooms and other ame hall if odors become and the state of the sta					

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