

PRINTED: 05/14/2015  
FORM APPROVED

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL041064 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 61<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br>04/22/2015 |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>CLAPP'S ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4668 PLEASANT GARDEN ROAD<br>PLEASANT GARDEN, NC 27313 |
|---|---|

| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X6) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

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| {C 000} | Initial Comments<br><br>This report is of a Followup Survey done by Bob Getchell on April 22, 2015.<br><br>The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.   | {C 000} |   |                          |
| {C 189} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.<br><br>Findings From 4/22/15:<br>a. The attic fire wall at room 305 has an unprotected wire sleeve penetration.<br><br>b. The attic fire wall separating the 300 wing from the Administration building has 4 unprotected penetrations by wire and conduit.<br><br>Seal with concrete or any other approved firestopping material that is part of a firestop | {C 189} | CONSTRUCTION SECTION<br>MAY 26 2015<br>RECEIVED<br><br>a. The attic fire wall has been sealed with fire barrier caulking<br><br>b. The attic fire wall has been sealed with fire barrier caulking | 04/23/15<br><br>04/23/15 |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Cheryl Clapp Coleman *Cheryl Clapp Coleman* TITLE Administrator (X8) DATE 05/25/15

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL041054 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br>04/22/2015 |
|--|---|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>CLAPP'S ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4558 PLEASANT GARDEN ROAD<br>PLEASANT GARDEN, NC 27313 |
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| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE              |
|--------------------|--|---------------|---|---------------------------------|
| {C 189}            | <p>Continued From page 1</p> <p>system that will maintain the 2-hour fire resistance rating of the firewall.</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings From 4/22/15:<br/>There are unprotected penetrations in the walls and ceilings in the following locations: a. Housekeeping closet 311 (Partially completed), c. Equipment room 310 where wall is damaged,</p> | {C 189}       | <p>a. Additional collar has been installed</p> <p>c. Wall has been repaired</p>                                 | <p>04/27/15</p> <p>04/23/15</p> |