

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL053027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROYAL OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1107 CARTHAGE STREET SANFORD, NC 27350</b>		
(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 000}	Initial Comments  Report of Follow-up Survey by Frank Strickland on 12/31/2015:  Noted deficiencies require corrective action and a new Plan of Correction is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating  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: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. There were no listed ceiling radiation dampers provided in the HI-LO combustion air inlet ducts penetrating the ceiling in the sprinkler riser room and terminating in the attic. (The HI combustion air fire-damper was not installed according to manufacture's recommendation & not fire protection device installed on the LO air inlet piping at the ceiling which was observed on the 12/31/2015 reinspection)	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1  6. Based on observation, the sprinkler system is not maintained in a safe and operating condition. Failure to properly maintain the sprinkler system could delay or prevent the system from working in an actual fire. Findings include: a. The sprinkler inspection report stated that the valves at the backflow preventer were leaking. b. The sprinkler inspection report stated that the backflow preventer could not be tested because the valves were leaking. c. There was a significant build-up of lint on the sprinkler head in the laundry.  7. Based on a review of documents, the range hood fire suppression system is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The last documented safety inspection of the hood fire suppression system was in February.	{C 189}		