STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL08105	1	B. WING		02/	11/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NANAS A	ASSISTED LIVING FA	CILITY # 2		KLAND ROAD CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INF	NCIES D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments			C 000			
	Report of Biennial (Harrell on 2-11-201		vey by Dennis	3			
	Records indicate th licensed on 6-1-196 this information, we meet the 1967 Edit Building Code, the of Adult Care Home of the 2005 Regula Seven or More Bec	68, for 44 resider are requiring th ion of the North 1971 Rules for th es, and the applic tions for Adult Ca	nts. Based or e facility to Carolina State ne Licensing cable portions				
C 111	Must Have Current	San. & Fire Safe	ety Reports	C 111			
	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building sa shall be maintained review.	have current sar	ND nitation and eports which				
	This Rule is not m Based on a review annual fire alarm sy not be located. Fire inspected and appr in the fire alarm sys the event of an action	of documents, the ystem inspection e alarm systems roved as required stem not operating	ne required report could that are not d could result				
C 133	Bathrooms-Hand G	Grips		C 133			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (e) The requireme rooms are: (6) Hand grips sha	05 PHYSICAL	s and toilet				

		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL081051	B. WING		02/11/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA		KLAND ROAD CITY, NC 280			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 133	Continued From pa	ge 1	C 133			
	commodes, tubs ar accessible to reside	nd showers used by or ents;				
	This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at the toilet or tub in the shower room on the women's hall.					
	2. Based on observation, there was no hand grip provided at the toilet in the bathroom room on the women's hall.					
C 166	Housekeeping-Main	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	1 will not latch to pr	vation, the exit door near room event unauthorized entry. tch endanger the security of				
		vation, the exit door at the oom will not latch properly trike is missing.				
	broken on a wall so	vation, the glass globe is once in the corridor near the The broken globe presents e a laceration risk.				

Division	of Health Service R					APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL081051	B. WING		02/*	11/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
NANAS A	SSISTED LIVING FA	CII ITY # 2				
			T CITY, NC 280			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 166	Continued From pa	age 2	C 166			
	 4. Based on observation, the kick plate on the door to the office was badly bent presenting a laceration hazard. 5. Based on observation, there was exposed electrical wiring in the closet off room 15. Exposed wiring could be a hazard to the resident. 					
			t.			
	were not maintaine obstructions. Findings include; a. The gate across exit from the dining egress.	vation, the exterior exit paths ed uncluttered and free of s the sidewalk in front of the room would not open for t the rear of the facility was hairs.				
	wand in the Beauty reach the sink basis breaker provided. are long enough to fixture present the	vation, the hose on the showe Salon was long enough to n and there was no vacuum Hoses on water fixtures that reach the flood rim of the possibility of siphoning r into the water system unless is installed.				
	padlock on the out room. Latching ha operated from one hasps and padlock	vation there was a hasp and side of the door to the freezer rdware that can only be side of the door, such as s, present the possibility that trapped in the room.				
	allowed to become noxious, combustit bacteria to enter th Findings include: a. The sink trap wa	as dry in the janitor's closet,	1			
ISION OF HE	ealth Service Regulation		⁶⁸⁹⁹ J	IME21	lf continu	ation sheet 3

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED 02/11/2016	
		HAL081051	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
IANAS A	ASSISTED LIVING FA	CILITY # 2	(LAND ROAD CITY, NC 280	43		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
C 166	Continued From pa	ge 3 was dry in the janitor's closet,	C 166			
C 180		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 Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	was intermittently s	vation, the fire alarm system howing a "Trouble" condition. uble" may fail to operate				
	fire rated walls and, in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings include: a. Hole in the wall b. Hole in the wall b. Hole in the ceilin c. Gap where the w closets off at least n This condition was closets inspected. d. Plumbing acces	vation the required one-hour /or ceilings were compromised . Holes and penetrations that materials approved for use in construction present the e that begins in one space can ther areas of the facility. and ceiling of the office, ng of the nurse ststion, vall meets the ceiling in the rooms 9, 10, 11, 13 and 15. a pattern in most of the s door, 20 inches by 36 mbustible material in shower n's hall.				

Division	of Health Service Re	egulation			FURIN	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: (01	COMPLETED	
		HAL081051	B. WING		02/	11/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		2270 OA	KLAND ROAD)		
NANA5 A	ASSISTED LIVING FA	FOREST	CITY, NC 280)43		
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 4	C 189			
	 e. Plywood patch, ceiling in the linen of f. The attic access damaged, g. Hole in the kitch h. Holes in the ceil 3. Based on obsert the duct mounted s very dirty. Samplin periodically inspect all residents and stamay fail to operate 	16 inches by 24 inches, on the closet, door in the clean linen room is en ceiling, ing of the freezer room, vation, the sampling tube for smoke detector in the attic was g tubes that are not ed and cleaned can endanger aff because the duct detector properly.				
	are prevented from resist the passage doors that do not cl present the possibi one space can quic the remainder of th Findings include; a. The closer was rated door to the la rated door must be automatically latch b. The doors to the were equipped with Dead-bolts cannot fire and smoke. c. The door to bed and latch.	damaged on the ³ / ₄ hour fire undry chute closet. This fire self-closing and must when closed. e office and the nurse station only a dead-bolt latch. automatically latch to contain a room 27 was hard to close				
	shower room 18. e. The door to bed f. The door to the s dragging the floor a g. The latchset is r closet off the corrid	as missing on the door to room 19 was propped open. shower on the women's hall is and hard to close. nissing on the door to the or to the dining room. clean linen closet of the				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		HAL081051	B. WING		02/	11/2016
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	· · · ·	
	ASSISTED LIVING FA	CILITY # 2		42		
(X4) ID	SUMMARY STA		ID ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLE DATE
C 189	Continued From pa	ige 5	C 189			
	latch.	g room will not close and				
	does not fit the ope the passage of smo j. There is no door	bathroom on the women's hall ning properly to be resistant to bke. stop provided for the door to				
	was left open in the	vation, the attic draft stop doo front portion of the attic. function when the doors are	r			
		vation, a receptacle plate was . Missing electrical plates vires and parts.				
	the clean linen roor modified to be fire r	vation, the attic access door ir n is a disappearing stairway resistant. The hinges on the naged and could be a fall	1			
	the facility above th deteriorated and m	vation, the soffit at the rear of e basement door was issing. Openings in soffit allow ious pests to enter the attic.	N			
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	maintain 75 degree winter design condi following shall appli appliances.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL081051	B. WING		02/	11/2016
AME OF F	ROVIDER OR SUPPLIER		T ADDRESS, CITY, ST	ATE, ZIP CODE		
ANAS A	SSISTED LIVING FA	ACH 11 Y # 2		10		
		FORE ATEMENT OF DEFICIENCIES	ST CITY, NC 280	43 PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 191	Continued From pa	age 6	C 191			
	(k) This Rule shall facilities with the ex- which shall not app This Rule is not m Based on observat to the prohibition o Portable electric he hazard and as suc the facility. Findings include: a. There was a wa baseboard heater i portable electric he b. This heater was was wired improper	eaters are prohibited. I apply to new and existing xception of Paragraph (e) oly to existing facilities. Het as evidenced by: tion the facility failed to adhed f portable electric heaters. eaters are a potential fire h could effect all occupants all mount type electric in use in the office as a eater. Is not mounted to the wall an erly using 2 wire extension co er was not equipped with a	of			