PRINTED: 01/13/2016 FORM APPROVED

Division (of Health Service Re	egulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		, , , , , , , , , , , , , , , , , , ,					
					R				
		HAL053027	B. WING		12/30/2015				
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	1				
1107 CARTHAGE STREET									
ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350									
(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 CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE				
{C 000}	Initial Comments		{C 000}						
i	Report of Follow-up on 12/31/2015:	Survey by Frank Strickland			:				
	Noted deficiencies new Plan of Correct	require corrective action and a ction is required.			:				
(C 189)	Building Equipmen	t Maintained Safe, Operating	(C 189)						
	mechanical, and pi care home shall be operating condition (k) This Rule shall facilities with the ex	311 OTHER and all fire safety, electrical, lumbing equipment in an adult a maintained in a safe and	THE RESIDENCE OF THE PROPERTY						
Division of H	1. Based on obsetire rated walls and in several locations are not sealed with one-hour fire rated missing ceiling rad possibility that a fir quickly spread to defindings include: a. There were no provided in the Hipenetrating the ceand terminating in air fire-damper was manufacture's recognition at the ceiling at the ceiling 12/31/2015 reinspecialth Service Regulation	1 / 2	The same of the sa	Ensure all hole with be sealed fire rated considerated will ceilings periodicand monthly for and repair.	fruction. inspect cally rholes				
ABORATOR	Y DIRECTOR'S OR PROV	DER/SUPPLIER REPRESENTATIVE'S SIG	MATURE	/ ATITLE . J . /	(XB) DATE				
		(September)	700	~ Italinnis Nate	ア ノースナル				
STATE FORM 31BD23 If continuation sheet 1 of 2									

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STATEMENT OF DEFICIENCIES (XT) PROVIDERS (DXT) PROVIDER ON NUMBER? HALOS3027 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SAMFORD, NO. 27350 OX.) ID. SUMMARY STATEMENT OF DEFICIENCIES 1107 CARTHAGE STREET SAMFORD, NO. 27350 OX.) ID. PREFIX (EACH DEFICIENCY MIST BE PRECEDED BY PLUL TAGG. TAGG. (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. 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. AND PROVIDER OR SUPPLIER. STREET ADDRESS. CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SAMFORD, NO. 27350 PREFIX COMPLETE ORDE PREFIX CROSS.AFFEREACED TO THE APPONENTIAL DATE OF CROSS.AFFEREACED TO THE APPONENTI	Division of Health Service Re	gulation										
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350 (X4) D SUMMARY STATEWENT OF DEFICIENCIES (RECHO DEFICIENCY MUST BE PRECEDED BY FULL TAG (RECHO DEFICIENCY MUST BE PRECED BY FULL TAG (RECHO DEFICIENCY MUST BE PRECED BY FULL TAG (RECHO DEFICIENCY MUST BY FULL TAG (*	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
ROYAL OAKS ASSISTED LIVING 1107 CARTHAGE STREET SANFORD, NC 27350 (X4) ID SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 189) Continued From page 1 (C 189) Continued From page 2 (C 189) Continued From page 1 (C 189) C		HAL053027	B. WING									
(C 189) Continued From page 1	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE								
(X) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH ORRECTION ACTION SHOULD BE (EACH ORRECTION SHOULD BE (EACH ORRECTIVE ACTION SHOULD BE (EACH OR CASH OR	1107 CARTHAGE STREET											
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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.	PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE COMPLETE							
	6. Based on obser- not maintained in a Failure to properly r could delay or previan actual fire. Findings include: a. The sprinkler ins valves at the backfl b. The sprinkler ins backflow preventer the valves were lea c. There was a sig sprinkler head in th 7. Based on a revi hood fire suppressi inspected monthly monthly safety insp system to fail to wo Findings include: The last document	vation, the sprinkler system is safe and operating condition. maintain the sprinkler system ent the system from working in spection report stated that the low preventer were leaking, spection report stated that the could not be tested because sking, nificant build-up of lint on the le laundry. ew of documents, the range ion system is not being as required. Failure to perform sections could cause the ork when needed.		will be placed the ceiling in sprinkler riser and terminate the attic Sprinkler be flow will be Range hood fir system will monthly by m	Poom Poom Poom Poom Poom Pool 1.31-16 Pool 1							

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