

PRINTED: 04/13/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/06/2016
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on April 6, 2016. The following deficiencies cited during the Follow-Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. A new citation was added.	{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 on April 6, 2016: a. There were no listed ceiling radiation dampers provided in the LO combustion air inlet ducts penetrating the ceiling in the sprinkler riser room and terminating in the attic. 2. Based on observation, the Building was not maintained in a safe and operating condition,	{C 189}			

Complete by 4-25-16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

DATE

4-19-16

STATE FORM

5599

31BD24

If continuation sheet 1 of 2

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{C 189}	Continued From page 1 because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on April 6, 2016: a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to temco 2 error. Deficiency corrected before Construction Surveyors departed site.	{C 189}			



**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

IMPORTANT NOTICE – PLEASE READ CAREFULLY

April 13, 2016

Alfreda Robinson
1107 Carthage Street
Sanford, NC 27350

RE: HA - Biennial Survey
Royal Oaks Assisted Living
1107 Carthage Street
Sanford Lee County
FID #955674 Hal053027

Dear Ms. Robinson :

You have provided DHHSR-Construction Section with an acceptable Plan of Correction.

After the latest date specified in your Plan of Correction, a follow-up inspection will be scheduled to verify that you are in compliance with program requirements.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Frank Strickland".

Frank Strickland
Architectural Engineering Technician
DHHSR - Construction Section

Construction Section
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