Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3)			(3) DATE SURVEY COMPLETED		
			A. BUILDING:	U1				
		hal002004	B. WING		07/0	1/2016		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681								
(VA) ID	CHMMADV CTA				ON	(V5)		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE			
C 000	Initial Comments		C 000					
	Report of Biennial Construction Survey by Dennis Harrell on 7-1-2016.							
	licensed on 11-1-19 information, the fact applicable portions	eat this facility was first 954. Based on this illity was surveyed using the of the current 2005 Rules for of Seven or More Beds.						
C 111	Must Have Current San. & Fire Safety Reports		C 111					
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.							
	annual fire alarm sy not be located. Fire inspected and appr	ew of documents, the required system inspection report could a alarm systems that are not coved as required could result stem not operating properly in						
	recent Fire Marshal report was dated in inspected and appr	ew of documents, the most I building safety inspection 2013. Buildings must be coved annually as required to can operate properly an actual						
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166					
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AND						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		hal002004	B. WING		07/0	1/2016		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUTH								
TAYLORSVILLE, NC 28681								
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C 166	Continued From page 1		C 166					
	orderly manner, fre hazards; (e) This Rule shall facilities.	in an uncluttered, clean and e of all obstructions and apply to new and existing						
	maintained in a saf handling portable m could affect all resid cylinders fall, break cylinder and turning Finding includes:	et as evidenced by: ion, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the g it into a dangerous projectile. oxygen cylinder was stored in						
C 185	Fire Safety-Rehear	sals on Each Shift	C 185					
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishes social services ann include the date an shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code						
	This Rule is not mo Based on a review	et as evidenced by: of documents, the records						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
hal002004		B. WING		07/01/2016				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
ALEXANDER ASSISTED LIVING 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681								
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 185	Continued From page 2		C 185					
	available onsite included no description of what the rehearsal involved.							
C 189	Building Equipment Maintained Safe, Operating		C 189					
	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.							
	emergency light in t Administrator's offic tested. Battery pow will not work proper	et as evidenced by: vation, the battery powered the corridor near the ee would not work when vered emergency lights that ly for at least 90 minutes residents and staff.						
	fire rated walls and, in locations. Penet sealed present the begins in one space areas of the facility. Findings include:	cheons were not tightly fitted						

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