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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL002003	B. WING		07/01/2016		
			DDRESS, CITY, STATE, ZIP CODE				
AYLOR	SVILLE HOUSE		OOL DRIVE VILLE, NC 2	8681			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Report of Biennial Construction Survey by Dennis Harrell on 7-1-2016.						
	11-26-1997 as a Sp residents. Based of is required to meet Licensing of Adult of portions of the 2009 of Seven or More E the North Carolina	his facility was first licensed on becial Care facility for 60 on this information, the facility the 1996 Rules for the Care Homes, the applicable 5 Rules for Adult Care Homes Beds, and the 1996 Edition of State Building Code-Volume tion Section 409 Institutional					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185				
	quarterly on each s requirement of the Enforcement Officia (c) Records of rem and copies furnishes social services ann include the date an shift, staff members description of what (f) This Rule shall facilities.	rehearsals of the fire plan shift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of nually. The records shall id time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing					
	Based on a review	et as evidenced by: of documents, the records luded no description of what ved.					
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DAT	

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th Service Re	egulation			FORM APF	ROVED
ICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
	HAL002003	B. WING		07/01/2	2016
R OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE		-			
		-			
ACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
ued From pa	ge 1	C 189			
ig Equipment	Maintained Safe, Operating	C 189			
CAC 13F .03 IREMENTS the building an anical, and plu ome shall be ing condition is Rule shall es with the ex shall not app ule is not me	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.				
ency lights w y powered en properly for at ger the reside actioning light ff bathroom, ing room,	ould not work when tested. nergency lights that will not least 90 minutes could ents and staff.				
ed walls and/ tions. Holes with materia our fire rated ility that a fire y spread to ot gs include: e at a wire in e at a bundle ess office, es in the ceili	for ceilings were compromised and penetrations that are not ils approved for use in construction present the that begins in one space can her areas of the facility. the ceiling of the RCC office, of wires in the ceiling of the ang of the housekeeping				
	R OR SUPPLIER HOUSE SUMMARY STA ACH DEFICIENCY GULATORY OR LA nued From participation and Equipment ION .0300 - F CAC 13F .03 IREMENTS ne building and anical, and plu ome shall be ing condition nis Rule shall es with the ex shall not app cule is not me sed on obser- ing room, er room. Sed on obser- red walls and/ tions. Holes with materia pur fire rated pur fire r	RECTION IDENTIFICATION NUMBER: HAL002003 HAL002003 R OR SUPPLIER STREET AD HOUSE 350 SCH0 TAYLORS SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) INFORMATION) Indee From page 1 Indee From page 1 Ing Equipment Maintained Safe, Operating ION .0300 - PHYSICAL PLANT CAC 13F .0311 OTHER IREMENTS ine building and all fire safety, electrical, anical, and plumbing equipment in an adult ome shall be maintained in a safe and ing condition. is Rule shall apply to new and existing as with the exception of Paragraph (e) shall not apply to existing facilities. Aule is not met as evidenced by: sed on observation, battery powered tency lights would not work when tested. Y powered emergency lights that will not properly for at least 90 minutes could ger the residents and staff. Inctioning lights include: Iff bathroom, ing room, er room. Sed on observation the required one-hour red walls and/or ceilings were compromised tions. Holes and penetrations that are not a with materials approved for use in our fire rated construction present the isility that a fire that begins in one space can y spread to other areas of the facility. gs include: ie at a wire in the ceiling of the RCC office, ie at a bundle of wires in the ceiling of the ess office,	ICLENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPL A. BUILDING: HAL002003 B. WING R OR SUPPLIER STREET ADDRESS, CITY, S HOUSE 350 SCHOOL DRIVE TAYLORSVILLE, NC 2 SUMMARY STATEMENT OF DEFICIENCIES acht DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Indee From page 1 C 189 Ing Equipment Maintained Safe, Operating C 189 ION .0300 - PHYSICAL PLANT CACA 13F. 0311 C 189 CACA 13F. 0311 OTHER IREMENTS the building and all fire safety, electrical, anical, and plumbing equipment in an adult ome shall be maintained in a safe and ing condition. ins Rule shall apply to new and existing as with the exception of Paragraph (e) shall not apply to existing facilities. tule is not met as evidenced by: sed on observation, battery powered ency lights would not work when tested. y powered emergency lights that will not properly for at least 90 minutes could ger the residents and staff. Inctioning lights include: Iff bathroom, ing room, er room. sed on observation the required one-hour red walls and/or ceilings were compromised tions. Holes and penetrations that are not I with materials approved for use in our fire rated construction present the illity that a fire that begins in one space can y spread to other areas of the facility. gs include: le at a wire in the ceiling of the RCC office, le at a bundle of wires in the ceiling of the ess office, es in the ceiling of the hou	Interview (x1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER (x2) MULTIPLE CONSTRUCTION A. BUILDING: 01 HAL002003 B. WING R OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTIVE ATION SHOLL SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY OR LSS IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTIVE ATION SHOLL SUMARY OR LSS IDENTIFYING INFORMATION) JUD 10030 - DHYSICAL PLANT CACO 13F C0311 OTHER INCLA 13G and Jumbing equipment in an adult ome shall be maintained in a safe and ing condition. C 189 INCL 1900 - DHYSICAL PLANT CACO 13F C0311 OTHER INCLEMENTS C 189 INCL 1900 - DHYSICAL PLANT CACO 13F C0311 OTHER Street Address of the solution and apply to existing facilities. tule is not met as evidenced by: sed on observation, battery powered ency lights would not work when tested. Street Address of the solution; Holes and penetrations that are not with materials approved for use in our fire rated construction present the illity that a fire that begins in one space can y spread to other areas of the facility. e at a burnel of wires in the ceiling of the sos office, es in the ceiling of the housekeeping ID STREET ADDRESS CONSTRUCTION	th Service Regulation Telescies (X1) PROVIDERSUPPLIERCLA SECTION (X2) MULTIPLE CONSTRUCTION A BUILDING: 01 (X2) MULTIPLE CONSTRUCTION A BUILDING: 01 (X2) MULTIPLE CONSTRUCTION A BUILDING: 01 B WING COMPLET 350 SCHOOL DRIVE TAYLORSVILLE, NC 28681 SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL SULATORY OF LAS DEDENTIFYING INFORMATION) CACH OFFICIENCY URE From page 1 C 189 C 189

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 3

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Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED 07/01/2016	
		HAL002003			07/		
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
AYLOR	SVILLE HOUSE		OOL DRIVE SVILLE, NC 28	3681			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 189	Continued From page 2		C 189				
	 receptacles in bath would not trip when seen to be a pattern tested, all 3 failed to receptacles that do shock or electrocut Malfunctioning GFC a. Room 200, b. Room 206, c. Room 213. 4. Based on obsern loosely mounted to cause leaking and/or 5. Based on obsern the door to room 30 through them present that begins in one set 	CI receptacles include at least: vation the toilet in the Spa was the floor. Loose toilets can	3				

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