
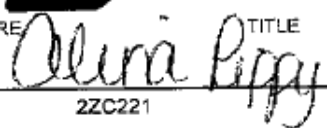


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/01/2016
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NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043
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(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	<p>Initial Comments</p> <p>Report of Complaint Survey by Dennis Harrell on 6-1-2016.</p> <p>Records indicate that this facility was first licensed on 6-1-1968, for 44 residents. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code, the 1971 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds.</p> <p>The complaint alleged poor environmental conditions due to soot accumulation at a fireplace with gas logs.</p> <p>The complaint was substantiated and deficiencies were cited that will require a plan of correction.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ol style="list-style-type: none"> (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, there was a significant accumulation of soot on the walls, ceiling and fixtures in the left half of the living room.</p>	C 164	<p><i>Ceiling will be painted 7/29/16</i></p> 	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X5) DATE _____
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C 191	Continued From page 1	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition on unvented fuel burning heaters. Unvented heaters are a potential health hazard and as such could effect all occupants of the facility. Finding includes: There was an unvented fireplace with gas logs in the living room.	C 191	<i>Gas off and removed gas logs and a sign has been put up to let staff know not to use</i>	<i>7/29/16</i>