AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		B. WING			R 08/02/2016	
	PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE		02/2016
		2270 〇	AKLAND ROAD			
NANAS A	SSISTED LIVING FA	FORES	T CITY, NC 280)43		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report of Follow-uj 8-2-2016.	p Survey by Dennis Harrell or				
	Several deficiencie action is required.	s were not corrected. Furthe	r			
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	806 HOUSEKEEPING AND				
	Based on observat not maintained und obstructions. Finding includes: The ramp at the re- with only about 20	et as evidenced by: ion, an exterior exit path was cluttered and free of ar of the facility was obstructe inches of clear space availab ctions included a table, a cha	le			
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}			
	mechanical, and pl care home shall be operating condition	311 OTHER nd all fire safety, electrical, lumbing equipment in an adul maintained in a safe and	t			

Division	of Health Service Re	egulation			FORM	APPROVED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		B. WING	R 08/02/2016			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2				
		FOREST	CITY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ige 1	{C 189}			
		cception of Paragraph (e) ly to existing facilities.				
	This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system was intermittently showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed.					
	because a power p inside the fire alarm time of the survey j	6: ystem was not working at all lug had been disconnected n panel. It was unknown at the ust how long the facility had king fire alarm system.				
	showing several zo trouble lights. Appr detectors had active by fire alarm person Based on interview heat detectors had treatment for bedbu 7-28-2016. Admini alarm system had r	5: em was in alarm and silenced nes in alarm and several roximately 15 to 20 heat ated and were being replaced nnel during the survey. with maintenance staff, the activated during a high heat ugs which occurred on strative staff stated the fire not activated until 4:00 PM on atch had begun at 4:00 PM on				
	with a chair becaus device was de-ener system not working	barrier door was propped open the magnetic hold-open rgized due to the fire alarm I. The smoke/fire barrier door held open by any means other				
ivision of H	Finding on 8-2-2010 ealth Service Regulation	6:				

AND PLAN OF CORRECTION (M) PROVIDERSUPPLIER (M) DENTIFICATION NUMBER (M) DENTIFICATION (M) DENTIFICAT	Division	of Health Service Re	egulation			FORM	APPROVED
HAL081051 B. WNG OB/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NANAS ASSISTED LUNING FACILITY #2 22270 CAKLAND ROAD FOREST CITY, NC 28043 (\$\mathcal{P}\math	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER: ,						
NAMAS JUNING FACILITY #2 2270 OAKLAND ROAD PREST CY, NC 28043 (Y4) ID PREST TAG SUMMARY STATEMENT OF DEFICIENCY, NS 150 EPRECEDED BY FULL (EACH DEFICIENCY MAYS BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE COMMETTE DEFICIENCY) (C 189) Continued From page 2 (C 189) (C 189) The smoke/fire barrier door was propped open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system activation. The door was closed but was found propped open again before the survey ended. The smoke/fire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device. (C 189) 2. 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 6-1-2016 and 8-2-2016: C. Gap where the wall meets the ceiling in the closest inspected. 1,1,13 and 15. This condition was a pattern in most of the closest inspected. These gaps had been riplicated with unrated residential fire form. Residential fire form. Residential fire form is not approved for use in Institutional occupancies. e. Phywood patch, 16 inches by 24 inches, on the celling in the clase linen room, Finding on 6-1-2016 and 8-2-2016: The phywosh tabe replaced with sysum board but the joints had not been completed with gysum compound and tape. New finding son 8-22-2016: The lein the wall in th			B. WING				
Image: Trace Summary stratement of DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D ID (EACH CORRECTIVE ACTION SHOLLD BE (EACH DEFICIENCY) D (EACH CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Operation (CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Operation (CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE) Operation (EACH CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE) Operation (CORRECTIVE ACTION SHOLLD BE CRO	NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
Main Description Submary Statement of Deficiencies (Each Deficiency Must et effection by Full REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Trag Provide RS 404 CooRective Action State Provide RS 404 (C 189) Provide RS 404 CooRective Action SHOULD Between CROSS-REFERENCED To THE APPROPRIATE DEFICIENCY) Coole (C 189) {C 189} Continued From page 2 {C 189} C189 Enclose the magnetic hold-open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system activation. The door was closed but was found propped open again before the survey ended. The smokefire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device. 2. Based on observation the required one-hour fire rated walts and/or callings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 6-1-2016 and 8-2-2016: C. Gap where the wall meets the ceiling in the closets inspected. These gaps had been filed with unrated residential fire form. Residential fire form is not approved for use in Institutional occupancies. e. Plywood patch, 16 inches by 24 inches, on the calling in the clean linen room. Finding on 6-1-2016 and 8-2-2016: The plywoot had been replaced with gypsum board but the joints had not been completed with gypsum compound and tape. New findings on 8-22-2016: T. Hole in the wall in the bathroom on the Women's Hall, g. Switch plate missing in corridor on Women's	NANAS	ASSISTED LIVING FA		-			
Přěčik TAG CEACH OPERCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYNG INFORMATION) PŘĚTNA TAG CEACH OPERCIEVY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMŘÍTE DATE (C 189) Continued From page 2 (C 189) (C 189) (C 189) With a chair because the magnetic hold-open device was de-energized due to the fire alarm system activation. The door was closed but was found propped open again before the survey ended. The smoke/fire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device. (C 189) 2. 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 6-1-2016 and 8-2-2016: C. Gap where the wall meets the ceiling in the closets off at least rooms 9, 10, 11, 13 and 15. This condition was a pattern in most of the closets apps had been filled with unrated residential fire foam. Residential fire foam is not approved for use in Institutional occupancies. e. e. Plywood patch, 16 inches by 24 inches, on the ceiling in the clean linen room. Finding on 6-1-2016 and 8-2-2016: The plywood had been replaced with gypsum board but the joints had not been completed with gypsum compound and tape. New findings on 8-22-2016: f. Hole in the wall in the bathroom on the Women's Hall, g. Switch plate missing in corridor on Women's New findings on 8-22-2016; f. Hole in the wall in the tosthroom on the Women's Hall, g. Switch plate missing in corridor on	_		FOREST				
The smoke/fire barrier door was propped open with a chair because the magnetic hold-open device was de-energized due to the fire alarm system activation. The door was closed but was found propped open again before the survey ended. The smoke/fire barrier door MUST NEVER be held open by any means other than the magnetic hold-open device. 2. 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 6-1-2016 and 8-2-2016: c. Gap where the wall meets the ceiling in the closets off at least rooms 9, 10, 11, 13 and 15. This condition was a pattern in most of the closets inspected. These gaps had been filled with unrated residential fire foam. Residential fire foam is not approved for use in Institutional occupancies. e. Plywood patch, 16 inches by 24 inches, on the ceiling in the clean linen room. Finding on 6-1-2016 and 8-2-2016: The plywood had been replaced with gysum board but the joints had not been completed with gysum compound and tape. New findings on 8-22-2016: f. Hole in the wall in the bathroom on the Women's Hall, g. Switch plate missing in corridor on Women's	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
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3. Based on observation, the sampling tube for		The smoke/fire bar with a chair becaus device was de-ener system activation. found propped oper ended. The smoke NEVER be held op the magnetic hold-of 2. Based on obser- fire rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 6-1-20 c. Gap where the v closets off at least of This condition was closets inspected. These gaps had be residential fire foar approved for use in e. Plywood patch, ceiling in the clean Finding on 6-1-2010 The plywood had be board but the joints gypsum compound New findings on 8-2 f. Hole in the wall in Women's Hall, g. Switch plate mis Hall.	rier door was propped open e the magnetic hold-open rgized due to the fire alarm The door was closed but was n again before the survey //fire barrier door MUST en by any means other than open device. vation the required one-hour /or ceilings were compromised . Holes and penetrations that materials approved for use in construction present the e that begins in one space can ther areas of the facility. 16 and 8-2-2016: vall meets the ceiling in the rooms 9, 10, 11, 13 and 15. a pattern in most of the en filled with unrated n. Residential fire foam is not Institutional occupancies. 16 inches by 24 inches, on the linen room, 6 and 8-2-2016: een replaced with gypsum had not been completed with and tape.				

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		
					R 08/02/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2	KLAND ROAD CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
{C 189}	Continued From pa	ige 3	{C 189}			
	periodically inspect all residents and sta may fail to operate NOTE; The follow- on a day when it wa duct mounted smok because it is appro- attic access openin Finding on 8-2-2010 The sampling tube 4. Based on obser are prevented from resist the passage doors that do not cl present the possibil one space can quic the remainder of the Findings include; a. The closer was rated door to the lar rated door to the lar rated door to the dinin latch. Findings on 8-2-207 The door to the dinin latch. Findings on 8-2-207 The door would now the door stop was r unable to resist the j. There is no door door to bedroom 4. k. The door from th does not fit the oper resist the passage	 up survey began at 3:00 PM as 90 degrees F outside. The ke detector was not observed ximately 40 feet feet from the g. 6: had not been cleaned. vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in ckly spread to the corridor and e facility. damaged on the ³/₄ hour fire undry chute closet. This fire self-closing and must when closed. clean linen closet off the g room will not close and 16: w close and latch but part of nissing that makes the door passage of fire and smoke. stop provided at the top of the ning well enough at the top to of fire and smoke. 				
	New finding on 6-1- The door from the c	-2016; corridor to the beauty salon				

STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL081051		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		B. WING			R 08/02/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA		KLAND ROAD CITY, NC 280			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 189}	Continued From pa	age 4	{C 189}			
	 combustible storag Findings on 8-2-20 I. The combustible but no door had be m. There were sev the room in no app prevent them from damaged. 8. Based on obser the facility above th deteriorated and m birds and other nox New finding on 8-2- 9. Based on obser missing in the corri exposing energized connections. Base plate was removed 	16: e storage had been removed en installed. veral oxygen tanks stored in roved rack or container to falling over and being vation, the soffit at the rear of he basement door was issing. Openings in soffit allow kious pests to enter the attic.				