STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         HAL098027         NAME OF PROVIDER OR SUPPLIER       STREET ADI			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED R 07/19/2016	
		DDRESS, CITY, STATE, ZIP CODE		07/19/2016		
	ASSISTED LIVING	3501 SEN				
			NC 27896			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	This report is of a F Getchell on July 19	Followup Survey done by Bob , 2016.				
		y revealed that all deficiencies ected, therefore a new plan of ed.				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
		et as evidenced by: rvation, the facility failed to ment in accordance with this				
		on July 20, 2016 include: Foilet Room - the connection of e floor was loose,				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}			
	mechanical, and pl	11 OTHER nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED	
		IDENTIFICATION NOWIDER.	A. BUILDING: <b>01</b>			
		HAL098027	B. WING			R 19/2016
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VILSON	ASSISTED LIVING		NIOR VILLAGE , NC 27896	LANE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	THE APPROPRIATE	COMPLET DATE
{C 189}	Continued From page 1		{C 189}			
	facilities with the ex	apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	maintain in a safe n of the fire-resistanc	rvation, the Building was not nanner, because the integrity e-rated corridor ceiling/tunnel les and gaps in this protected				
	Followup Findings of	on July 20, 2016 include:				
	a. Front foyer Attic fire-resistance-rated been damaged,	<ul> <li>the tunnel style</li> <li>ceiling construction had</li> </ul>				
	maintained in a safe because of holes a	rvations, the Building was not e and operating condition, nd gaps through the d wall construction invalidated				
	Followup Findings of	on July 20, 2016 include:				
	unprotected cable p firewall, b. Attic Firewall at	SCU - there were benetrations through the 100 Hall - there were benetrations through the				
{C 199}	Exhaust Ventilation		{C 199}			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list					

STATE FORM

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         HAL098027			(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>			
		B. WING		R 07/19/2016		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING		NIOR VILLAGE	LANE		
			, NC 27896			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{C 199}	Continued From page 2		{C 199}			
	two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on Obse plastic sheet, the fa- ventilation system i Followup Findings of c. Shower room m exhaust ventilation not remove the req d. Bedroom 311 - system was running required air to dissi e. Bedroom 308 -	rage; toilet rooms; closets; and apply to new and existing apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: ervation and testing with a thin acility failed to maintain the n proper working order. on July 20, 2016 include: ext to Bedroom 304 - the local system was running, but did uired air to dissipate the odors the local exhaust ventilation g, but did not remove the pate the odors, the local exhaust ventilation g, but did not remove the				

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