STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051036	A. BUILDING: **01** B. WING _____	R **08/25/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW COMMONS	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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}	Initial Comments This report is of a Followup Survey done by Bob Getchell on August 25, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observations of the entire facility the walls, ceilings and floors are not clean and in good repair. Followup Findings on August 25, 2016 include: a. Door frames are gouged and scarred and require touch up painting and repair. NOTE: This work is about 50% complete. b. Facility corridor walls are marred and require touch-up painting and repair. NOTE: This work is about 50% complete.	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	{C 189}		

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{C 189}	Continued From page 1 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. This Rule is not met as evidenced by: 2. Based on observation the facility's fire safety equipment is not being maintained in working order. Followup Findings on August 25, 2016 include: b. Staff responsible for assisting with evacuation did not carry keys for the keyed manual override switch. (Keys hanging in Med Room) 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Followup Findings on August 25, 2016 include: a. Library - One leaf of the double doors to the corridor did not latch, the latch mechanism would not operate.. 5. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner. Followup Findings on August 25, 2016 include: a. Laundry - There is a gap around the piping for the water heater where it penetrates the fire	{C 189}		

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{C 189}	Continued From page 2 resistant rated ceiling. NOTE: Unrated fire foam product used to firestop.	{C 189}		