	of Health Service Re					
AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			E SURVEY PLETED
		FCL054042			09/2	09/28/2016
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, S			
HOBBS A	ASSISTED LIVING 2		VERHILL ROA I, NC 28501	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna Fay					
	Survey on Septemb 2:55 PM at the aborecords indicate the January 4, 1993 as ambulatory Resider respond without an during a fire or othe information we are compliance with the Care Homes Rules of the 2005 Rules 1 Care Homes and the Carolina State Build Exception 1 - Resider At the time of our v	n Section conducted a Biennial ber 28, 2016 from 1:40 PM to ve referenced facility. DHSR e home was first licensed on a Family Care Home for five nts (able to evacuate and y physical or verbal assistance er emergency.) Based on this requiring the home to maintain e following: the 1992 Family T10: 42C, applicable portions 10A NCAC 13G for Family he 1991 (1992 Revision) North ding Code - Section 513.1, dential Care Facilities.				
C 174	SECTION .0300 - 1 10A NCAC 13G .03 EQUIPMENT (a) The building at mechanical, and plu care home shall be operating condition	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing	C 174			
	box at the bathroom	vealed that the electrical outlet m vanity was loose. Have a secure the outlet. Provide				

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B. WING				
	B. WING		09/28/2016	
ADDRESS, CITY, S		03/20/2010		
WERHILL ROA N, NC 28501	AD			
ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
C 174				
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C 138				
	N, NC 28501 ID PREFIX TAG C 174 C 174 C 174 PREFIX TAG PREFIX	N, NC 28501 ID PREFIX TAG C 174 C 174 C 174 C 174 C 174 PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) DEFICIENCY A PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) DEFICIENCY A PROVIDER'S PLAN OF CC (FACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N, NC 28501 ID PREFIX TAG C 174 C	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054042		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01			
		B. WING		09/	28/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HOBBS	ASSISTED LIVING 2		VERHILL ROA I, NC 28501	ND		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 138	.2209 OUTSIDE EN (d) All exit doors lo	ge 2 NTRANCES AND EXITS ocks must be easily operable, otion, from the inside at all	C 138			
	doors had deadbolt action hardware. T a thumb latch that v qualified technician replace the door ha hardware. Remove Provide documenta of receipts or work	et as evidenced by: vealed that both of the exit s and neither had single he back door screen door had vas not single action. Have a remove the deadbolts and rdware with single action e or disable the thumb latch. tion of the repairs in the form				
C 143	material and so cor cleanable. (b) Scatter or throw	be of smooth, non-skid istructed as to be easily w rugs are not to be used. be kept in good repair.	C 143			
	sitting room. There edge of the rug so i down to cover the s rug at the bottom of Remove the rugs.	et as evidenced by: vealed a large area rug in the were carpet stains along the t appears that the rug was laid stains. There was a small 2'x3' f the stairs in the dining room. Clean or replace the stained Provide documentation of				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054042 NAME OF PROVIDER OR SUPPLIER STREET ADD		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING DRESS, CITY, STATE, ZIP CODE		09/	09/28/2016	
			WERHILL ROA			
	ASSISTED LIVING 2	KINSTO	N, NC 28501			-1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 143	Continued From page 3		C 143			
	 the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the vinyl floor around the bathroom toilet was torn. Have a qualified technician repair or replace the damaged floor. Provide documentation of the repairs in the form of photos, receipts or work orders. 					
	in the hall outside o edges of the patch hazard. Have a qua replace the flooring	vealed that a vinyl floor patch of the back bedroom. The are curling posing and tripping alified technician repair or in the hallway. Provide the repairs in the form of work orders.				
	ealth Service Regulation					

RS2121