PRINTED: 08/22/2018 FORM APPROVED

Division (	of Health Service Re	egulation			(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
		HAL081051	B. WING		08/02/2016
NAME OF P	ROWDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	
NANAS A	SSISTED LIVING FA		KLAND ROA	3043	
(X4) ID PREF(X TAG	JEACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEPICIENCY)	ULD BE E. COMPLETE
{C 000}	Initial Comments		(C 000)		
	Report of Follow-up 8-2-2016.	Survey by Dennis Harrell on			
	Several deficiencie action is required.	s were not corrected. Further			
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166		
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS	PHYSICAL PLANT 06 HOUSEKEEPING AND			
	(a) Adult care home	es shall: in an uncluttered, clean and se of ell obstructions and			
	hovorde:	apply to new and existing			
:	not maintained und obstructions. Finding includes: The ramp at the re	et as evidenced by: tion, an exterior exit path was cluttered and free of ear of the facility was obstructe inches of clear space available actions included a table, a cha	ed le ir	The ramp area been Clean exit 16 free unclutered thee of obstr	has lold from
{C 189	1	nt Maintained Safe, Operating	(C 189)	uncluttered	uctions
	10A NCAC 13F .0		ŧ	free or one	
	mechanical, and	and att fire safety, electrical, plumbing equipment in an adult maintained in a safe and			
:	MIN HATHA ATTA				
	operating condition (k) This Rule shall	Papply to new and existing			
IVISION OF H	ealth Service Regulation Y DIRECTOR'S OR PROVI	DER/SUPPLER REPRESENTATIVE'S S	DTURE	A Milhar In	(XB) DATE
ATE FORM			<b></b>		If continuation sneet 1 of

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Division of	of Health Service Re	(X1) PROVIDER/SUPPLIER/	CLIA (	(2) MULTIPLE	CONSTRUCTION	(X3) DATE	PLETED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMB		BUILDING: 0		1	
Win Louis		<b>\</b>				النا	R
		HAL081051	) 6	. WING		OBP	02/2016
			YDEEY ADDR	ESS. CITY. 81	ATE, ZIP CODE	: 1	
NAME OF P	ROVIDER OR SUPPLIER			AND ROAD		- 1	1
NANAS A	SSISTED LIVING FA	CILITY # 2	OREST CI	TY, NC 280	43		
,		ATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ION LD BE	COMPLETE
(X4) ID PREFIX TAG	THE ART OF THE LEGISLANCE	LSC IDENTIFYING INFORMATI	ON)	PREFIX TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	OPRIATE :	DATE
{C 189}				(C 189)			
	facilities with the e	xception of Paragraph	(e)	ļ	•		
	which shall not ap	ply to existing facilities.		Į	The Fire Ala has been fr	vM	الطامدا
			ļ		The live The		المامال
	This Rule is not n	net as evidenced by:		1	The The	Voc	' BOIL
	4 Bread on ohee	ervation, the fire alarm s	ystem		has been T	<b>XEC</b>	. 1
	was intermittently	showing a "Trouble" co ouble" may fail to opera	te		146	'in Ant	rina l
l	properly when nee	eded.		1	and is not	Work	$\Gamma$
	properly with the	<b></b>			UV IN A	~~	i¢ 1
	Finding on 6-1-20	)16:	a ot all		and the ac	ייע יי	41
	a. The fire alarm	system was not working plug had been disconn	ected		Wha The To	ropt	XO 1
	incide the fire alar	rm panel. It was unkno	wn at the i		no Tonger P		
	i time of the survey	/ just how long the facili	ty nao		no long, wh	PAN	$\mathbf{r}(r)$
	been without a wo	orking fire alarm system	١.		I'mon WITH	$\sim$ 7	
ţ		40.			Open.	1	
l	Finding on 8-2-20	no: stem was in alarm and	silenced		' '	1	1
	showing several :	zones in alarm and sev	erai j				
	trouble lights. Ap	proximately 15 to 20 he	at		]	:	1
1	I detectors had act	tivated and were being	repraced			:[	
	by fire alarm pers	sonnel during the surve w with maintenance st	aff. the			-[	
1	heat detectors ha	ad activated during a his	h heat			- :1	
1	treatment for bed	thugs which occurred o	n		i	: : : : : : : : : : : : : : : : : : : :	1
	7_28_2016 Adm	inistrative staff stated to	ne tire			- 1	
	alarm system had	d not activated until 4:0	DPNION DPMION				
	8-1-2016. After 8-1-2016.	watch had begun at 4:0	U   WI CHI			1	
	0-1-2010					:[	
	Finding on 8-1-2	018:				4	1
	h The smoke/fit	re barrier door was proj	opea open	1		1	1
ŀ	with a chair beca	ause the magnetic hold- nergized due to the fire	alam			: [	1
	gevice was de-e	ing. The smoke/fire ba	rrier door		i	- :	
	MUST NEVER b	e held open by any me	ans other			:	
	than the magnet	ic hold-open device.		1		·f	İ
						1	
	Finding on 8-2-2						
Division of	Health Service Regulat	non		6500	J(ME23	lf cole	timustion sheet 2 of 5

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Division	of Health Service Re					TV2 DAT	E SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND BLAN OF CORRECTION IDENTIFICATION NUMBER:			(AZ) MOLTIFEL CONSTITUTION			PLETED	
AND PLAN	OF CORRECTION	IOEN DE LOADON NO	MBER:	A. BUILDING:	01	1	_ 1
	•		•	6			R
		HAL081051	1	8. WING		09/	02/2016
						1	
NAME OF	PROVIDER OR SUPPLIER	4			STATE, ZIP CODE	1	{
NIAQ		- 44 1994 # 5		LAND ROAD		4	1
NANAD	ASSISTED LIVING FA	(CILITY # 4	FOREST C	CITY, NC 28			
~A ID	SUMMARY ST	TATEMENT OF DEFICIENCIE	ES	QI	PROVIDER'S PLAN OF CORRECT	TION :	()(8)
(X4) ID PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY	Y FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI	JLD BE	DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMA	ATION)	TAG	CROSS-REFERENCED TO THE APPRI DEFICIENCY)	OPRIA -	
						<del>+</del>	<del> </del>
(C 189)	Continued From pa	200 2		(C 189)	1	4	1
(0 100)		_	7	1		1	1
,		rrier door was proppe		1			1
,	with a chair becaus	se the magnetic hold	i-open i	1 '		- 1	1
-	device was de-ene	ergized due to the fire	alarm i	1		: 1	
		The door was closed		1 '		:	1 1
		en again before the s		1		:1	1
	ended. The smoke	e/fire barrier door MU	UST	1	l	1	1
		pen by any means oth	her than	1		1	1
	the magnetic hold-		,	1 '	1	·	ا ما
		•	,	1	Law II lamboc	$h \wedge W$	e in 1316
	2. Based on obser	ervation the required of	one-hour /	است	All the holes been fixed with hour fire rate	10	4 10 DUT
ı	fire rated walls and	d/or callings were con	mpromised	-		11 1	
1	in several locations	s. Holes and penetra	ations that	1	Live Creat Mi	th U	16
		h materials approved		1 1	LAND TIXEU T	111	T
1		construction present		1	Deci à vate	001	1 [
		re that begins in one		1	hour fire raise	2	M
1		other areas of the faci		1	PUNTA II - II	· W	A12
ı	dunda aluan	Aller Brews		( /	withour tr	y 14.	1
į	Findings on 6-1-20	116 and 8-2-2016:	1	1	ILYUN MIKUN I		۱ ا
1		wall meets the ceiling	o in the	1 '	1004. 11. 0011	in/\:W	$\cap$ 1
ı		rooms 9, 10, 11, 13		1	I A ASK IN ULLY	スジル	- 1
1		s a pattern in most of		1 1	MILE IN INC. NA	-12	´  [
1	closets inspected.		unc	1 /	III'. MINGRY VI	. ~ ]	. 1
		een filled with unrated		1	THE COL	In: V	that I
		m. Residential fire fo		4 /	least room	191	<i>₩</i>
,	, , , , , , , , , , , , , , , , , , , ,	m. Residential lire fo in Institutional occupa	·	1	I HOUSE IN LY	Wok	
		n institutional occupa , 16 inches by 24 inch		1 '	12,75 are +1	xtq	계
1	e. Plywood patch, ceiling in the clean		165, OII u.s.	1	1010	4	1
1	Finding on 6-1-201		,	1 '	1, -,	- h	eenlow
1		been replaced with gy	-meilm	1	Ita inints have	_ 7	
ı		been replaced with gy is had not been comp		1 _ /	TILL FILMIN OF	211	psum
1	gypsum compound		ACIGO WALL	1 -	I I'm I'm A WITT	· UU	יייטכען
	Bypaurir compound	1 and tape.	,	1 '	monthoteu	י אַעלי	4.
1	New Findings on 8-	00.0040	1	1	COUNTY AND	tu	ار علا
1	New findings on 8-	-22-2016: in the bathroom on th	· 7	1	romuuna w~	1'	10-12
1		in the pathroom on a	ne ,	1	hoen	recoult	ra <u>"a</u> up
ı	Women's Hall,	· be entirider on 1	M-manle		ILLAGO HAVE THY h	athra	AM DO
		issing in corridor on V	Nomen's	1 '	THUR WILLY HOLD	Milim	40 T
	Hall.		,	1 '	I'M MOTI ITY 10.		السه
		:: ::llaa		1 '	Mower war		10-1
!		rvation, the sampling		·!	DESTANOPHE INDI	io cededd	الأوهرا حانا
		smoke detector in the	e attic was		DMICHER	Acres	11 00
	Health Service Regulation				Womens Hou	0	
STATE FOR	έ <b>Μ</b>		,		JIME23	* If confin	ustion sheet 3 of 5
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Division of Health Service Regulation (X3) DATE						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIENCEIA		(X2) MULTIPLE CONSTRUCTION		COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		1 1 -		
					1 15	
		HAL081051	8. WING		08/0	2/2016
			DECE DITY	STATE, ZIP CODE	- 1	- 1
NAME OF P	ROVIDER DR SUPPLIER				1	
	SSISTED LIVING FA		LAND ROAS		1	
NANAS A	SSISTED LIVING IA	FOREST (	CITY, NC 28	U43	ON I	(X5)
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID .	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOULD	LD-BE. ii	COMPLETE
PREFIX	** ***********************************	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
TAG	REGULATURY ON L	SCIOENTIF (NO ME ONSERVE)		DEFICIENCY		
			42 4224	L.	ملاے ر	<u> </u>
(C 189)	Continued From pa	age 3	{C 189}	The Sampling	TURKY	⊅ _h
		ng tubes that are not	1	IN SOUNTY	'	100-1-29
	very dirty. Samplif	ted and cleaned can endanger	ì	tube have bee	N I	10-1-29
	periodicary maped	taff because the duct detector	1	THINDE HOVE IN	73.L.	
	may fail to operate		1	Chancel in at	$\pm \mathbf{U} \cdot \mathbf{C}$	<b>y</b> 1
	NOTE: The follow	-up survey began at 3:00 PM		1 Green een an oo	7	
	on a day when it w	as 90 degrees F outside. The		000	1	1 (
	duct mounted smo	ke detector was not observed	ŀ		. 1	
	hecause it is appro	eximately 40 feet feet from the		1-11 Nacour MA	5.1	1 1
	attic access openii	na.	1	The closer was	<b>-</b>	11-10-
'	<b>4.1.</b> 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	•	1	1 1 2 1	. 1	Willia L
	Finding on 8-2-201	16:		repaired on 3/2	ł. ₹	10
	The sampling tube	had not been cleaned.	1	1 Charles with	d do	nv l
			i .	hour fire rate	المراطب	אי ו
	4. Based on obse	rvation, many corridor doors	1	Linnil Tompyka	Chille	4 1
	are prevented from	n closing quickly and latching to	1	to the laundry	CIME	1
	resist the passage	of fire and smoke. Corridor		ALC	1 ) Ki	1 1
	doors that do not o	close completely and latch	1	Clieber 11 12 11	Shib	.] [
1	present the possit	nility that a fire that begins in		auto moltica lig	Shyld.	
	one space can qu	ickly spread to the corridor and		00015.	1	
l	the remainder of t	he facility.	1	The door to clean		10/1/14
1	Findings include;	I was also as the 3/ hours fire	1	ITT. done to Clea	111	161,11.3
1	a. The closer was	damaged on the 1/4 hour fire	1	linen has been	പ്രത്	dad
1	rated door to the I	aundry chute closet. This fire	ļ	1 No. 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ψ [
	rated door must b	e self-closing and must		Tiller in the	$\sim$ L $\delta$ $\sim$	.
ì	automatically latch	e clean linen closet off the	1	and it close &	ייטוג	'l . 1
1	n. The door to the	ing room will not close and		and It close 9 1	- 1.	المامل
1		ING LODGE AND LICE CLOSE STICE	1	الما عادم الم	S DIO	MOKACI II I
	iatch. Findings on 8-2-2	016	ì	Now Stoper was	7 N	المسطاء
1	The door would no	ow close and latch but part of	1	The track that	$\mathbf{o}_{\mathbf{Y}}D$	eta con
	the door stop was	missing that makes the door	1	147-the 40h or 1000	1	101112014
1	unable to resist th	e passage of fire and smoke.	1	10111	3	101.1
	i. There is no doc	or stop provided at the top of the	•		11	i 1
1	door to bedroom	4.	1	I - Irom .	+ N/b	
1	k. The door from	the dining room to the kitchen	1	The your tivili	سملا نہ	ا با
	does not fit the op	ening well enough at the top to	l l	The contract to	⊃ thxt	11/12d
	resist the passage	e of fire and smoke.	1	Willia Imil.	į	101.10
i			1	× 00074	- {	
	New finding on 6-	1-2016;		1 etm	1	
1		e corridor to the beauty saion		and it close of the deather top of the do The door from dining repair		
Division of I	teaith Service Regulation				. 1	
STATE FOR			8199	JIME23	if contin	ustion sheet 4 of 5

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Division	of Health Service Re				Lisans m	TE OLIDICIA
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UDBER:		(X2) MULTIPLE CONSTRUCTION			ATE SURVEY	
AND PLAN OF CORRECTION		A. BUILDING	A. BUILDING: 01			
		B. WING		ا	R 8/02/2016	
HAL081051			D. W		1-1	O/DE/EUTO
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		ļ
NANASA	ASSISTED LIVING FA	CILITY # 2	KLAND ROA			
HARAS A		POREST	CITY, NC 2		- I	(96)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE PRIATE	i
{C 189}	had been removed combustible storag Findings on 8-2-20 l. The combustible but no door had be m. There were seven the room in no app prevent them from damaged.  8. Based on obserthe facility above the fac	and there was much le in the room. 16: It storage had been removed len installed. It were over a container to falling over and being It storage had been removed It storage had being had been h	v	There has been door put upon the salon and the salon on the salon but 6 alon Door has been repaired Switch Plate been put on Whall Hall		10/1/10
STATE FOR	ealth Service Regulation M		C#88	JIME23	if cor	Unuation sheet 5 of 5

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