Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND I LAN OF CONNECTION IDENTIFICATION NUMBER.		A. BUILDING:	01					
HAL071015		B. WING		R 01/27/2017				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
ASHE GA	ADDENS	300 WES7	TASHE STR	EET				
AOIIL O	T		, NC 28425					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE			
{C 000}	Initial Comments		{C 000}					
		al Follow Up Construction Bryant conducted on						
	Items cited during the 11/15/2016 Biennial Survey remain to be corrected.							
{C 101}	Existing Licensed F	ac- No less than '71 Rules	{C 101}					
	PHYSICAL PLANT The physical plant recare home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effection, or alterathe requirements for addition or renovation, or renovation or requirements for addition or requirements from addition or renovation those requirements from addition or renovation and Desirements from the properties of the physical plants of the physical pla	REQUIREMENTS requirements for each adult e applied as follows: otherwise specified, existing r portions of existing licensed elicensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less ments found in the 1971 eired Standards and lomes for the Aged and Infirm", e available at the Division of						
	the facility, which w Locking on the exit requirements as de Code, which permit Locking on exit doo protected throughout automatic smoke de	et as evidenced by: vation, and interview with Staff, vas equipped with Special doors, failed to meet the efined by the NC State Building ts the installation of Special ors of buildings that are out, by an approved supervised letection system or an r system. In buildings that are						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01		R		
HAL071015		B. WING		01/27/2017			
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE			
ASHE GARDENS			ASHE STR , NC 28425	EET			
(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 SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE		
{C 101}	Continued From page 1		{C 101}				
	not protected throughout, there could be a dangerous delay in detecting the start of a fire.						
	Findings on 01/27/2017:November 15, 2016: a. 100 Hall Water Heater Room - there was no automatic fire sprinkler system in this room. Note: The work is in progress.						
	the facility failed to in effect at the time a wiring schematic	ration and interview with Staff, meet the Code requirements of construction by not having of the special locking system he required components.					
		c - The special locking system ring schematic posted at the					
{C 132}	Bathrooms-Must Pr	ovide Privacy	{C 132}				
	rooms are: (5) The bathrooms designed to provide rooms with two or n (commodes) shall h curtains for each was	of PHYSICAL Into for bathrooms and toilet and toilet rooms shall be privacy. Bathrooms and toilet					
	ensure that all Bath designed to provide	et as evidenced by: ration, the facility failed to rooms and Toilet Rooms are e privacy when there is more r, and at each tub or shower.					

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A. BOILDING. VI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			1 ` '		(X3) DATE SURVEY COMPLETED	
	JEHNI OATON NOWIEC			A. BUILDING: 01			
HAL071015 B. WING 01/27/2017	HAL071015		B. WING		R 01/27/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	ME OF PRO	OF PROVIDER OR SUPPLIEF	JPPLIER STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASHE GARDENS 300 WEST ASHE STREET BURGAW, NC 28425	HE GAR	GARDENS					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	REFIX	IX (EACH DEFICIENC	IARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE
(C 132) Continued From page 2 Findings on 01/27/2017: a. Common Bathroom near Bedroom 109 - There is no curtain privacy curtain for the shower. Based on an interview with the adminstrator the curtain is on order.	F a is B	Findings on 01/27 a. Common Bathr is no curtain priva Based on an inter	01/27/2017: Bathroom near Bedroom 109 - There privacy curtain for the shower. In interview with the adminstrator the				

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