

PRINTED: 01/24/2017  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 11/09/2016
NAME OF PROVIDER OR SUPPLIER  SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27836		
(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  Report of a Follow Up Survey by Billy S. Bryant conducted on 11/09/2016.  Deficiencies from the 08/17/2016 Biennial Survey remain to be corrected.	(C 000)		
(C 189)	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 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: 1. Based on observation electrical emergency/safety related equipment is not being maintained in operating condition. Failure to maintain electrical emergency safety equipment in safe and operable condition could effect occupants of the facility if the equipment did not function when and as required.  Finding on 11/09/2016: d. Room #230 - The room's heat detector has detached from the ceiling and is hanging by its wiring. Note: Staff did not have a key to unlock the room so it could not be verified if the item had been corrected.  4. Based on observation there is a failure to maintain the facility's fire safety equipment in a	(C 189)	The heat detector in Room #230 has been reinstalled & is in proper working order	11-11-16

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OFFICE PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Paula S. Mubens*

TITLE

*Administrator*

(X6) DATE

2-2-2017

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NAME OF PROVIDER OR SUPPLIER  SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27838		
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{C 189}	Continued From page 1  safe operating condition. The occupants in the facility could be effected if doors do not latch and remain closed as required so as to limit the spread of smoke or fire to the area of origin.  Findings on 11/09/2016: c. Room 330, Shower/Bath - The door to the corridor hits the door frame preventing it from completely closing and latching.  8. Based on observation the plumbing equipment is not maintained in safe condition. Plumbing not installed per health related code requirement could effect all occupants of the building.  Finding on 11/08/2016: a. Kitchen - The ice machine condensate drain was not a minimum of 2" above the floor drain.	{C 189}	The door # 200 was repaired by outside contractor, Moucey's Corner, therefore, it now latches & remains closed.  The door to the corridor in Room 330 has been repaired. The door now completely closes and latches  The condensate drain has been replaced to over the minimum 2" above the floor drain	11-27-16  11-10-16  11-10-16
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	{C 199}		

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NAME OF PROVIDER OR SUPPLIER  SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835		
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(C 199)	Continued From page 2  This Rule is not met as evidenced by: 1. Based on observation the spaces listed in the rule are not being exhausted as required due to exhausts not operating or the space not being equipped with an exhaust fan.  Financing on 11/09/2016: a. Room #214 - The resident bath room exhaust fan is not working.  b. Room #331, Maintenance Room - There are chemicals stored in the room and the room does not have an exhaust fan. Note: Staff did not have a key to unlock the room so it could not be verified if the item had been corrected.	(C 199)	A new exhaust fan was installed in staff bathroom # 214  A new exhaust fan was installed in Maintenance Room # 331.	11-11-16 11-11-16