STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031003		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL031003	B. WING			03/02/2017
			DDRESS, CITY, S		03/02/2017	
GOLDEN			UTH NC 41 E, NC 28466			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of a Biennia S. Bryant conducted	l Construction Survey by Billy d on 03/02/2017.				
	09/30/1993. The fact 30 Beds. Therefore conformance with the Adult Care Homes applicable portions Edition of the North Institutional Occupation Licensing of Adult C	is facility was first licensed on cility is currently licensed for the facility was surveyed for he 2005 Rules for Licensing of of Seven or More Beds and of the 1991 (1993 Revision) Carolina Building Code(s), ancy, and the 1993 Rules for Care Homes of Seven or More e time of initial licensure.				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	the facility failed to calendar year) requ	et as evidenced by: rview with the administrator have current (within the lired inspection reports for review by the surveyor.				
	report, the current k report, the current f and the fire alarm s	2017: ling sanitation inspection kitchen sanitation inspection ire official's inspection report system inspection report were view by the surveyor at the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL031003	B. WING		03/	02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GOLDEN		4002 SOL	JTH NC 41			
GOLDLIN		WALLAC	E, NC 28466			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	ige 1	C 164			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND				
	This Rule is not ma 1. Based on observ doors are not in go	ation the walls, floors and				
	Finding on 03/02/20 a. The corridor wall discolored.	017: s in the facility are scuffed and				
	b. The corridor doo scarred.	rs are scraped, marred and				
C 165	Housekeeping and	Furnishings-Sanitation Grade	C 165			
	FURNISHINGS (a) Adult care home (4) have a North C Environmental Hea classification at all or less and North C Environmental Hea above at all times in more;	06 HOUSEKEEPING AND es shall: arolina Division of Ith approved sanitation times in facilities with 12 beds				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL031003	B. WING		03/	02/2017
IAME OF PF	OVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
	CARE		JTH NC 41 E, NC 28466			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 165	Continued From page	ge 2	C 165			
- - - - - - - - - - - - - - - - - - -	North Carolina Divis sanitation scores of Finding on 03/02/20 1. The posted sanita 30. Note: The most rece	ation the facility did not have a sion of Environmental Health 85 or above. 117: ation grade for the facility was ent building sanitation as not available for review at				
C 166	Housekeeping-Mair	tained Free of Hazards	C 166			
	URNISHINGS (a) Adult care home (5) be maintained in prderly manner, free nazards;	06 HOUSEKEEPING AND				
	naintained free fror designated required equipment must not Obstructing access	et as evidenced by: ation the facility is not n hazards. The building code l clearance of 36" for electrical t be encroached upon. to electrical equipment could on in an emergency situation.				
i		17: Access to the electrical panels ns stored in front of the				
	2. Based on observ	ation the facility was not				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			(X3) DATE SURVEY COMPLETED	
		HAL031003	B. WING		03/	02/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
GOLDEN	I CARE		UTH NC 41 E, NC 28466				
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 166	Continued From pa	ge 3	C 166				
	bottles that are stor restraint to prevent knocked over. Oxyg stored may presen the facility. Finding on 03/02/20 a. Storage Room A Oxygen cylinders w	cross from Room #205 - rere stored standing upright ans of restraint to prevent					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185				
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code					
	the facility failed to	et as evidenced by: rview with the administrator have current (within the nired fire drill documentation.					
		017: etermined by the surveyor if lucted as required because a					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL031003	B. WING		03/	02/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GOLDEN			UTH NC 41 E, NC 28466			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 185	Continued From pa	ge 4	C 185			
	fire drill log was not surveyor at the time	available for review by the of the survey.				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in safe maintain electrical e in safe and operabl	ration electrical elated equipment is not being operating condition. Failure to emergency safety equipment e condition could effect cility if the equipment did not				
	Dining Room - The	017: room at the Nurses' Station, bulbs that illuminate the exit signs are burned out.				
		lbs that illuminate the direction are burned out in both the				
	bulbs that illuminate	oors at the Fire Wall - The e the direction indicating exit of the doors are burned out.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031003		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING		03/	02/2017	
NAME OF I	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	ATE. ZIP CODE	03/	02/2017
GOLDEN		4002 SO	UTH NC 41	,		
			CE, NC 28466		0000000000	
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 5	C 189			
	d. 100 Hall - The bu burned out.	ulbs for the night lights are				
	maintain electrical e equipment in safe o effect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.	ł			
		017: prage - The wall mounted I not operate when tested on				
		nt to Room 109 - The wall cy light did not operate when ower.				
	equipment has not manner. Failure to	ration the electrically powered been maintained in a safe maintain electrical equipment ould effect the safety of persor afe condition.	1			
	Finding on 03/02/20 a. Laundry Water H a. A wiring cover or and electrical wiring	leater Closet: the water heater is detached				