		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL041054	B. WING		03/0	8/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE	-		
CLAPP'S	CLAPP'S ASSISTED LIVING  4558 PLEASANT GARDEN ROAD PLEASANT GARDEN, NC 27313						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	by Dennis Harrell or Records indicate the	tion Section Biennial Survey n 3-8-2017. is facility was first licensed on for 30 Beds. Therefore the					
	facility was surveyed applicable portions Licensing of Adult C	d for conformance with the of the 2005 Rules for Care Homes of Seven or More					
	of the North Carolin Institutional Occupa Standards and Reg	le portions of the 2002 Edition, a Building Code(s), ancy, and the 2004 Minimum ulations for Homes for the ne of initial licensure.					
C 111	Must Have Current	San. & Fire Safety Reports	C 111				
	fire and building saf						
	Sanitation inspectio	of documents, the most recent in for the kitchen was dated gs must be inspected and					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
		06 HOUSEKEEPING AND					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		HAL041054	B. WING		03/0	8/2017	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CLAPP'S	ASSISTED LIVING		ASANT GAR IT GARDEN,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ge 1	C 166				
	hazards; (e) This Rule shall apply to new and existing facilities.						
	This Rule is not met as evidenced by:  1. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the Maintenance office.						
	documentation of m on the range hood to inspection tag. Ra systems must be in inspections must be	vation, there was no nonthly inspections provided fire suppression system nge hood fire suppression spected monthly and the e documented somewhere, provided at the system pull.					
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 which shall not app	ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and . apply to new and existing acception of Paragraph (e) ly to existing facilities.					
	This Rule is not me 1. Based on observ	et as evidenced by: vation, many corridor doors					

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EW8221 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL041054	B. WING		03/0	8/2017
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	0.2011
CLAPP'S	S ASSISTED LIVING			EDEN ROAD		
			T GARDEN,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;  a. The door to the Business office was cut into 2 pieces like a Dutch door. There was no automatic latch provided on the top half.  b. The door to the ice machine room will not latch when closed and the latch strike is missing.  c. The latch strike is missing on the door to the kitchen.  d. The door to the breakroom will not close and latch.  e. The door to the upper day room was blocked open with a chair.  f. The door to room 321 could not immediately close and latch because of a cord in the doorway. Note: This deficiency was corrected during the survey.  2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:  a. The attic access door in the Maintenance office was a single layer of gypsum board supported by wood casing.  b. Unsealed conduit sleeve in the ice machine room,  c. The ceiling was damaged at a water heater flue in the housekeeping room.					

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3. Based on observation, the GFCI type

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	VI		
		HAL041054	B. WING		03/0	8/2017
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
CLAPP'S	ASSISTED LIVING		ASANT GAR T GARDEN,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	bathroom off room tested. GFCI type r	en's public bathroom and the 102 would not trip when receptacles that do not work shock or electrocution risk.				
C 191	Unvented & Portabl	e Elec. Heaters Prohibited	C 191			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	to the prohibition of Portable electric he hazard and as such the facility. Finding includes:	on the facility failed to adhere portable electric heaters. aters are a potential fire a could effect all occupants of the electric heater found in the				

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