PRINTED: 04/05/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED	
		HAL049004			03/22/2017		
			ADDRESS, CITY, STATE, ZIP CODE			00/22/2011	
OSEWO	DOD ASSISTED LIVIN	G	RMONY HIGH\ NY, NC 28634				
(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	/E ACTION SHOULD BE CON ED TO THE APPROPRIATE		
C 000	Initial Comments		C 000				
	Construction Section Biennial Survey report by Frank Strickland on 03/22/2017:						
	Fifty-Four (54) Res information, the fac 1971 Minimum and Regulations for the Aged and Infirm, ap	ensed 10/01/1964 with ident Beds. Based on this illity is required to meet the Desired Standards and Licensing of Homes for the oplicable portions of the 2005 Care Homes of Seven or More					
	Deficiencies have b Correction is requir	been cited and a Plan of ed.					
C 133	Bathrooms-Hand G	Brips	C 133				
	rooms are: (6) Hand grips sha	05 PHYSICAL nts for bathrooms and toilet Il be installed at all nd showers used by or					
		et as evidenced by: ation, this facility has failed to ment of the hand grips in all					
	Findings on 03/22/2 The hand grips are Shower Room/Zone	not secured to the walls in					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	SECTION .0300 - F	PHYSICAL PLANT					

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	of Health Service Re					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL049004	B. WING		03/	22/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ROSEW	OOD ASSISTED LIVIN	IG	RMONY HIGH NY, NC 28634			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLETE DATE
C 164	Continued From page 1		C 164			
	 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. 					
		et as evidenced by: ation, this facility has not od finishes of the interior doors				
	Findings on 03/22/2 The entry door for F wheel-chair interac	Room 23 has damaged due to				
		ation, this facility has not r finishes in the Bathing Areas				
		2017: r ceramic tile flooring has mole t is located in the Shower	1			
C 189	Building Equipment	t 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				

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			
		HAL049004	B. WING		03/	22/2017
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ROSEWO	DOD ASSISTED LIVIN	IG	RMONY HIGH\ NY, NC 28634	WAY		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	ge 2	C 189			
	maintained in a safe emergency lighting, residents, staff and were not illuminated Findings on 03/22/2 The emergency wa Room 24 did not illu emergency mode. 2-Based on observa keep all exterior pa an event of an eme Findings on 03/22/2 The exit doors are b located outside at the 3-Based on observa maintain door harded doors.	ation, this facility has failed to e and operating condition the . This would affect all visitors if the egress pathways d during a power outage. 2017: Il light that is located outside uminate when tested in the ation, this facility has failed to ssageways and doors clear in ergency. 2017: blocked by a lounge chair he Ambulance Entrance. ation, this facility has failed to ware at all of the exterior exit	5			

TY4J21