STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL096031 04/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE **GOLDSBORO ASSISTED LIVING & ALZHEIMEF** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Suzanna Fay conducted on April 20, 2017. Records indicate this facility was first licensed on April 15, 1984. The facility is currently licensed for 56 Beds including a 24 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the 1984 Homes For the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code, Institutional Occupancy. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have a current Sanitation Inspection for the building. Findings on April 20, 2017: a. The most recent building Sanitation Inspection was conducted on 11/17/2014. Interview with Staff revealed that they have not been able to get Environmental Health out to do the building due to a back log of work and understaffing. Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
GOLDSBORO ASSISTED LIVING & ALZHEIMEF GOLDSBORO, NC 27534						
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C 189	Continued From pa	ige 1	C 189			
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 which shall not app	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing exception of Paragraph (e) ly to existing facilities.				
		vealed that the mechanical maintained in operating				
	Room 121 was not	0, 2017: in the water heater closet by secure to the ceiling. in the Laundry Room was not				
	was not maintained	vealed that the call system I in operating condition in one drooms. This affects the safety				
	at the time of this so room did not come pressed and the pa	D, 2017: n Room 126 was not working urvey. The light outside the on when the button was anel at the Nurses' Station did button had been activated.				
	3. Based on obser- maintained in a safe	vation, the exit lights were not e condition.				

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		(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRE 2201 ROYALI 2201 ROYALI				DRESS, CITY, STATE, ZIP CODE ALE AVENUE DRO, NC 27534			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 189	Findings on April 20 a. The emergency was dangling from the second to th	o), 2017: light/sign at the kitch the wires. vation, one of the pluintained in operating of the fixture of the	e toilet e. A round ty was not ets the e door to gen tet to d corridor dition.	C 189			
C 134	IV. The Building	onment (10 NCAC 4 s/Closets	2D .1503)	C 134			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL096031 04/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE **GOLDSBORO ASSISTED LIVING & ALZHEIMEF** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 134 C 134 Continued From page 3 (2) There must be separate locked area(s) for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies must be supervised while in use. This Rule is not met as evidenced by: 1. Based on observation, housekeeping storage was not separated in a locked area. Findings on April 20, 2017: a. Access to the salon passed through a corridor. A Utility room was off of this corridor. The Utility room was open to the corridor allowing access to the cleaning supplies when the salon was in use. At the time of this survey, the corridor was not supervised. C 157 Outside Premises-Clean, Safe C 157 IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. Outside Premises The outside grounds must be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on April 20, 2017: a. There was a broken bed and wood flat propped against the shop building. b. There were garbage bags and trash items on the ground outside the dumpster. C 177 Housekeeping & Furnishings-Clean, Repaired C 177

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C 177	IV. The Building F. Housekeeping 42D .1504) 1. Each home mu a. have walls, ce coverings kept clea b. have no chron c. have furniture This Rule is not mu 1. Observations re not kept free of unp Resident rooms. Findings on April 20 a. Room 127 had a urine. b. The bathroom a strong odor of urine c. Room 109 in the odor of urine. 2. Observations re furniture was not m Interview with Staff process of refinishi Findings on April 20 a. The finish on the was bubbled and fle b. The drawers in 10 3. Based on obser maintained in good Findings on April 20 a. In Room 120, or chipped and loose	and Furnishings (10 Nust: cilings, and floors or floors and and in good repair; nic unpleasant smells; clean and in good repair et as evidenced by: evealed that the building pleasant odors in three o, 2017: a slight unpleasant odo ettached to Room 120 he e. e SCU wing had a unplease evealed that the built-in plaintained in good repair evealed that they are ng all of the built-in furn o, 2017: e left wardrobe in Room aking off. Room 126 were damag evation, the floors were a repair.	or air; g was or of had a easant ir. in the hiture. m 127 ged. not	C 177				

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PRINTED: 05/16/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING _ HAL096031 04/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2201 ROYALE AVENUE GOLDSBORO ASSISTED LIVING & ALZHEIMEF** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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