	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			E SURVEY PLETED
			A. BUILDING: (	01		
		HAL067023	B. WING			R 07/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ONSLOV	V HOUSE		NIEL DRIVE NVILLE, NC 2	28546		
(X4) ID	SUMMARY STA	ATEMENT 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	COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report of Biennial I by Dennis Harrell o	Follow Up Construction Survey n 6-7-2017.				
	Several deficiencie action is required.	s were not corrected. Further				
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}			
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effective change in service of renovation, or alter the requirements for no addition or renovithan those requirer "Minimum and Des Regulations" for "H	APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
	the requirements of in effect at time of a permits the installar doors of buildings t by an approved sup detection system of system. In building	ation, the facilityfailed to meet f the NC State Building Code alteration. The Building Code tion of delayed egress on exit hat are protected throughout, pervised automatic fire r an automatic sprinkler is that are not protected ould be a dangerous delay in				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01  COMPLET  R 06/07/2  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION					gulation	<u>of Health Service Re</u>	Division
HAL067023         R		(X3) DATE SURV COMPLETE					
HAL067023     B. WING				A. BUILDING:			
34 MCDANIEL DRIVE JACKSONVILLE, NC 2854           CMAID PRETIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EQUIDERIS PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PRETIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH OPERCET ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         PROVIDER'S PLAN OF CORRECTION (EACH OPERCET ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         PROVIDER'S PLAN OF CORRECTION (EACH OPERCET ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         PROVIDER'S PLAN OF CORRECTION (C 101)           {C 101}         Continued From page 1         {C 101}         {C 101}           Findings on 2-8-2017 and 6-7-2017: (a) There are not any fire detection devices in the Administrative Offices.         {C 164}           {C 164}         Housekeeping and Furnishings-Clean, Repaired SECTION. 0300 - PHYSICAL PLANT 10A NCAC 13F. 0306 HOUSEKEEPING AND FURNISHINGS         {C 164}           {C 164}         Housekeeping 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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (2) This Rule is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017; (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.         4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017;         Image Areas Areas Areas Area	2017	R 06/07/20		B. WING	HAL067023		
ONSLOW HOUSE         JACKSONVILLE, NC 28546           (M) ID PREFIX TAG         ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTIVE ATON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY         ID CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY           (C 101)         Continued From page 1         {C 101}         C 101}           Findings on 2-8-2017 and 6-7-2017: (a) There are not any fire detection devices in the Resident Bedroom closets. (b) There are not any fire detection devices in the Administrative Offices.         {C 164}           SECTION .0300 - PHYSICAL PLANT 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 is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017; (a) Sheet vinyl fooring is unattached to the floor that is located Main Bath/Zone2.           4-Based on observations, this facility has failed to maintain the floor surface.           4-Based on observations, this facility has failed to maintain the floor overing is unattached to the floor that is located Main Bath/Zone2.           4-Based on observations, this facility has failed to maintain the floor on all interior doors. Finding on 2-8-2017 and 6-7-2017;			TE, ZIP CODE	DRESS, CITY, S	STREET AD	PROVIDER OR SUPPLIER	NAME OF F
Construction         Description         Description         Description         Providers PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Description         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Description         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)         CONSTRUCTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)           {C 101}         Continued From page 1         {C 101}         {C 101}         Exercise Construction of the properties of the Resident Bedroom closets.         {C 101}         {C 164}           {C 164}         Housekeeping and Furnishings-Clean, Repaired Administrative Offices.         {C 164}         {C 164}           SECTION .0300 - PHYSICAL PLANT 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 is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.         4-Based on observations, this facility has failed to maintain the floirs burdaces on all interior doors. Finding on 2-8-2017 and 6-7-2017: (b) Rescale on all interior doors. Finding on 2-8-2017 and 6-7-2017:         4-Based on observations, this facility has failed to maintain the finis burdaces on all interior doors. Finding on 2-8-201						HOUSE	ONSLOW
PRÉFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRÉFIX TAG       CROSHRECTIVE ACTION SHOULD BE CROSHREFERINCED TO THE APPROPRIATE DEFICIENCY)         {C 101}       Continued From page 1       {C 101}         Findings on 2-8-2017 and 6-7-2017: (a) There are not any fire detection devices in the Resident Bedroom closets. (b) There are not any fire detection devices in the Administrative Offices.       {C 164}         {C 164}       Housekeeping and Furnishings-Clean, Repaired       {C 164}         SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walks, 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 is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.         4-Based on observations, this facility has failed to maintain the floor coverings in an all interior doors. Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.			546	IVILLE, NC	JACKSO		0.10201
Findings on 2-8-2017 and 6-7-2017: (a) There are not any fire detection devices in the Resident Bedroom closets. (b) There are not any fire detection devices in the Administrative Offices. {C 164} Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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 furniture clean and in good repair; (3) have furniture clean and in good repair; (6) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2. 4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017:	(X5) COMPLETE DATE	ULD BE CO	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	PREFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
<ul> <li>(a) There are not any fire detection devices in the Resident Bedroom closets.</li> <li>(b) There are not any fire detection devices in the Administrative Offices.</li> <li>(C 164) Housekeeping and Furnishings-Clean, Repaired {C 164}</li> <li>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</li> <li>(a) Adult care homes shall:</li> <li>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</li> <li>(2) have no chronic unpleasant odors;</li> <li>(3) have furniture clean and in good repair;</li> <li>(e) This Rule is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017:</li> <li>(a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.</li> <li>4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017:</li> </ul>				{C 101}	ge 1	Continued From pa	{C 101}
SECTION .0300 - PHYSICAL PLANT 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. This Rule is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2. 4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017:					ny fire detection devices in the closets. ny fire detection devices in the	<ul><li>(a) There are not ar</li><li>Resident Bedroom</li><li>(b) There are not ar</li></ul>	
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.         This Rule is not met as evidenced by:         2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas.         This has resulted in tripping hazards         Finding on 2-8-2017 and 6-7-2017:         (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.         4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors.         Finding on 2-8-2017 and 6-7-2017:				{C 164}	Furnishings-Clean, Repaired	Housekeeping and	{C 164}
<ul> <li>2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017:</li> <li>(a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.</li> <li>4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017:</li> </ul>					06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair;	10A NCAC 13F .030 FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture c (e) This Rule shall	
maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017:					ations, this facility has failed to overings in the Bathing Areas. I tripping hazards 7 and 6-7-2017: ing is unattached to the floor	2-Based on observa maintain the floor of This has resulted in Finding on 2-8-2017 (a) Sheet vinyl floor	
and have damaged finishes on the lower part of the door. Interview with facility staff revealed that the damage is caused by residents' wheel chairs.					surfaces on all interior doors. 7 and 6-7-2017: 1 entry doors are scratched finishes on the lower part of with facility staff revealed that	maintain the finish s Finding on 2-8-2017 Many resident room and have damaged the door. Interview	
{C 189} Building Equipment Maintained Safe, Operating {C 189}				{C 189}	Maintained Safe, Operating	Building Equipment	{C 189}
SECTION .0300 - PHYSICAL PLANT					PHYSICAL PLANT	SECTION .0300 - P	
Division of Health Service Regulation		I		μ <u> </u>		ealth Service Regulation	vivision of He

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: (	01	COM	PLETED
		HAL067023	B. WING			R <b>07/2017</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
			ANIEL DRIVE	,		
ONSLOV	VHOUSE	JACKSC	NVILLE, NC 2	28546		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
{C 189}	Continued From pa	ge 2	{C 189}			
	10A NCAC 13F .03	11 OTHER				
	REQUIREMENTS					
	(a) The building an	d all fire safety, electrical,				
		umbing equipment in an adult				
		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.					
	which shall not app	ly to existing facilities.				
	This Rule is not me	et as evidenced by:				
		ation, this facility has not				
		e manner the one-hour				
		ly construction that has				
		rity. This could affect all				
		in the event that fire and/or				
		ined in a room or compartmen	IT			
	of origin. Finding on 2-8-201	7.				
		ons have damaged lay-in				
		and ceiling grid (Components				
		f/ceiling assembly).				
	(c) Hallway outside	Crafts Room/Zone 6				
		vation there is a failure to				
		's fire safety systems in a safe	÷			
		ed by gaps and open				
		fire resistant rated ceilings.				
		ceilings must be free of gaps der to resist the spread of fire				
		vent of a fire. Penetrations or				
		nt rated ceilings could effect				
		e facility by allowing fire and				
	smoke to spread be	eyond the area of origin.				
	Finding on 6-7-201					
		on has a ceiling penetration				
	that is not fire-prote					
	(b) Hole in ceiling p					
	Door/adjacent to Co ealth Service Regulation	ontrol Room/Zone 2.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED
			A. BUILDING: (	71	R
		HAL067023	B. WING		07/2017
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	
ONSLOV	HOUSE		ANIEL DRIVE	28546	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF	(X5) COMPLE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	DATE
{C 189}	Continued From pa	ge 3	{C 189}		
	maintained in a saf of oxygen cylinders residents and staff to hazards from a r Findings on 2-8-20 There were oxygen				
	maintained the plur manner by not com Plumbing Code. Th water to be siphone Findings on 02/08/2	h sinks do not have vacuum			
	to provide clear ope Findings on 02/08/2 b. One of the cross by the activity room does not automatic the hold open mage Finding on 6-7-201	corridor doors in the fire-wall catches on the flooring and ally close when released by net.			
C 191	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be maintain 75 degree		C 191		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: C	01		
		HAL067023	B. WING			R 07/2017
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NSLOV	V HOUSE		ANIEL DRIVE INVILLE, NC 2	28546		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
C 191	Continued From pa	ige 4	C 191			
	appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the ex- which shall not app This Rule is not me Based on observati to the prohibition of Portable electric he hazard and as such the facility. Finding on 6-7-201	on the facility failed to adhere portable electric heaters. aters are a potential fire n could effect all occupants of				
	Administrator's offic	ce.				