

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2017
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NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	<p>Initial Comments</p> <p>Report of a Biennial Follow Up Construction Construction Survey by Billy S. Bryant conducted on 06/22/2017.</p> <p>There are deficiencies that remain to be corrected.</p>	{C 000}		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.</p> <p>Findings on 06/22/2017:</p> <p>a. Living Room - The door to the patio is damaged. The provider stated the the original door ordered by the supplier was incorrect and a correct door has been re-ordered and will be installed as soon as it is received.</p> <p>b.. Corridor - Several sections of the handrails are damaged and the surface is very rough along the bottom edge. At the time of this survey, the bare wood on the hand rails had been painted but had not been sanded smooth prior to being painted so the bottom edges are still very rough.</p>	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 189}	Continued From page 1	{C 189}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be 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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to gaps in the fire resistant rated ceilings. Gaps in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Finding on 06/2017: a. 100 Hall Med Room - The gypsum tape for the joint in the fire resistant rated ceiling is detached from the ceiling compromising the fire resistant rated ceiling assembly. The provider stated that the maintenance crew that performed the other ceiling repairs had overlooked this room/deficiency.</p>	{C 189}		