STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL064029 JAME OF PROVIDER OR SUPPLIER STREET ADD				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 06/21/2017	
		B. WING					
		ET ADDRESS, CITY, S	TATE, ZIP CODE				
OMERS							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ROC ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	KY MOUNT, NC 2	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		uction Section Biennial Sur onducted on 06/21/2017.	vey				
	10/21/1996. The fai 60 Beds. Therefore conformance with t Adult Care Homes applicable portions North Carolina Build Occupancy, and the	is facility was first licensed cility is currently licensed for the facility was surveyed the e 2005 Rules for Licensin of Seven or More Beds an of the 1996 Edition of the ding Code(s), Institutional e 1996 Rules for Licensing of Seven or More Beds in f initial licensure.	or for ng of d				
C 111	Must Have Current	San. & Fire Safety Report	s C 111				
	CONSTRUCTION(f) The facility shall fire and building sat	02 DESIGN AND	ch				
	calendar year) requ	et as evidenced by: I to have current (within the uired inspection reports for review by the surveyor.					
		rshal's inspection report was facility for the surveyor's	as				
C 166	Housekeeping-Main	ntained Free of Hazards	C 166				
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AM	١D				

	of Health Service R					
AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED 	
		HAL064029				
	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	ATE. ZIP CODE		
		918 WF	STWOOD DRIV			
SUMERS		ROCKY	MOUNT, NC 2	7802		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 166	Continued From page 1		C 166			
	 FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. 					
	1. Based on observer maintained free from bottles that are stor restraint to prevent knocked over. Oxy	et as evidenced by: vation the facility was not m hazards due to oxygen red without any means of them from falling or being gen bottles that are improper t a danger to the occupants o				
	standing upright ar	017: gen cylinders were stored id without any means of them from falling over.				
	maintained free fro designated require equipment must no Obstructing access	vation the facility is not m hazards. The building code d clearance of 36" for electric of be encroached upon. s to electrical equipment could ion in an emergency situation	al			
	panels is obstructe panels.	2017: om - Access to the electrical d by items stored in front of th nile the surveyor was on site.	ne			
	is obstructed by ite panels.	Access to the electrical pane ms stored in front of the nile the surveyor was on site.	Is			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED 06/21/2017	
		B. WING		06/			
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		·		
SOMERS	SET COURT OF ROCH		STWOOD DRIV MOUNT, NC 2				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 166	Continued From page 2		C 166				
	3. Based on observation the facility was not maintained free from hazards.						
	the resident's bathr light fixture on three danger of falling to	ceiling light fixture's lens in oom was dislodged from the e of its four sides and was in					
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	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	facility's fire sprinkle facility's fire safety of system) is not main condition. Failure to equipment in safe of occupants of the fa	et as evidenced by: vation and a review of the er inspection report the equipment (fire sprinkler itained in a safe operating o maintain fire safety operating condition could effect cility if the equipment did not provide the required	t				
	Finding on 06/21/20 a. The accelerator f system does not fu	for the fire sprinkler dry pipe					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			B. WING			
		HAL064029			06/21/201	
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
OMERS	SET COURT OF ROCI		STWOOD DRIV MOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	age 3	C 189	DEFICIENC	, , , , , , , , , , , , , , , , , , ,	
	 2. Based on observations and the facility safe operating condicions are required in the event of smoke compartment completely closs spread of smoke of Findings on 06/21/2 a. 100 Hall and 200 Room - One leaf of the corridor have seminated bolt type I automatically latch and prevent the do and latching. 3. Based on observational prevent the facility manner due to pen resistant rated ceili holes in fire resistat the occupants of the smoke to spread bolt type I automatically and pervent the do and latching. 3. Based on observational prevent the facility manner due to pen resistant rated ceili holes in fire resistat the occupants of the smoke to spread bolt finding on 06/21/2 a. Kitchen Pantry - 	 vation there is a failure to //s fire safety equipment in a dition. Doors that open to red to close completely and f a fire. The occupants in the nt could be effected if doors do se and latch to help limit the r fire to the area of origin. 2017: 2017: 2017: 2017: 2018 Hall living Rooms and Activity f the double doors that open to pring loaded manual surface locks. The locks do not when the door is pulled shut ors from completely closing vation there is a failure to //s fire safety systems in a safe etrations or gaps in the fire ngs. Penetrations, gaps or nt rated ceilings could effect ue facility by allowing fire and eyond the area of origin. 2017: 201				