	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL043027	B. WING		09/	28/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	IATE, ZIP CODE	1	
GREEN L	EAF CARE CENTER		210 NORTH FON, NC 2754	6		
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		ction Section Biennial Survey d Billy Bryant conducted on 7.				
	July 1, 1992. The fa 105 Beds. Therefor conformance with th Adult Care Homes of effect at the time of Rules for Licensing Seven or More Bed the 1991 (1992 Rev	is facility was first licensed on acility is currently licensed for e the facility was surveyed for ne 1991 Rules for Licensing of of Seven or More Beds in initial licensure, the 2005 of Adult Care Homes of s and applicable portions of rision) Edition of the North ode, Institutional Occupancy.				
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					
		et as evidenced by: /ations, the outside premises d in a clean and safe				
		uber 28, 2017: orch roof outside of AB Dining oulled apart at the joints.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F	PHYSICAL PLANT				

STATEMENT OF DEFICIENCIES				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		HAL043027	B. WING		09/	28/2017
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
REEN L	EAF CARE CENTER		210 NORTH TON, NC 2754	6		
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 164	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Observations re- were not maintained Findings on Septem	HOUSEKEEPING AND es shall: ings, and floors or floor in and in good repair; c unpleasant odors; lean and in good repair; apply to new and existing et as evidenced by: vealed that the furnishings d in good repair.	C 164			
	is loose.2. Observations reprint fixtures were not matchings on Septem	vealed that the plumbing aintained in good repair. ber 28, 2017: bathroom - the toilet is not				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
		HAL043027	B. WING		09/	28/2017
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
BREEN I	EAF CARE CENTER		210 NORTH ON, NC 2754	6		
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
C 189	Continued From pa	ge 2	C 189			
	This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain electrical equipment in safe and operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.					
	work.	- the emergency light did not rgency light between soiled				
	maintain the facility safe operating cond compartment could doors do not compl	vation there is a failure to 's fire safety equipment in a lition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of				
	b. B2- the corridor closed.c. B18 - the corridor closed.d. C Hall, Hopper r	nber 28, 2017: door did not close and latch. door did not latch when or door did not latch when oom - the door drags heavily not close and latch.				
	has not been maint Failure to maintain	vation electrical equipment ained in a safe manner. electrical equipment is a safe t the safety of the staff, rs.				
ision of L	Findings on Septen a. B Hall - the elect ealth Service Regulation	nber 28, 2017: trical outlet by the exit door				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL043027	B. WING		09/	28/2017
AME OF F	PROVIDER OR SUPPLIER	STREET A	□ DDRESS, CITY, S	TATE, ZIP CODE		
BREEN I	EAF CARE CENTER		210 NORTH TON, NC 2754	6		
(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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	age 3	C 189			
	was loose.					
	equipment is not m condition. Failure to equipment in opera occupants of the fa Findings on Septer a. Time clock room is not secure to its b. C Hall, wipes st within 18" of the sp	n bathroom - the heat detector base. orage closet - items are storec orinkler head. ove storage - items are stored				
	maintain the buildir a safe operating co device that is used	rvation there is a failure to ngs's fire safety components in ondition. Any unapproved to keep a door open is an ckly closing a door to aid in and/or fire.				
	Findings on Septer a. Laundry room - open with a clothin	the corridor door is being held				
	maintain the buildir safe condition. Hol through fire resista	rvation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow spread beyond the area of				
	penetration over th b. Corridor outside sprinkler head esc	there is an unsealed pipe e commercial dryer. e employee lounge - the utcheon plate has dropped o in the rated ceiling.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVEY COMPLETED	
	HAL043027	B. WING		09/	28/2017
IAME OF PROVIDER OR SUPPLIER		DRESS, CITY, ST 210 NORTH	TATE, ZIP CODE		
GREEN LEAF CARE CENTER		210 NORTH FON, NC 2754	6		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189 Continued From pa	age 4	C 189			
 falling out at the ceid. Outside mechal hole in the ceiling be. Sprinkler Riser rated wall below the sheetrock filler para and does not provior rating. f. Air Handler roor unprotected peneted ductwork. g. C/D Hall Chart between the heat of h. C Hall, wipes st hole in the ceiling a j. D3 - there are st sprinkler heads in k. D5 - the sprinkler 	nical room - there is a 4"x6" by the CMU wall. room - there is a hole in the le fresh air intake duct and the nel below the duct is unfinished de the required protective fire n - there are several rations from piping and Room - there is a small gap detector and the rated ceiling. torage closet - there is a small at the sprinkler head. mall holes in the ceiling at the				
10A NCAC 13F .03 REQUIREMENTS (d) The hot water provide an adequa kitchen, bathrooms closets and soil uti temperature at all be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the et	system shall be of such size to te supply of hot water to the s, laundry, housekeeping lity room. The hot water fixtures used by residents shall minimum of 100 degrees F d shall not exceed 116 degrees				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
				A. BUILDING: UT		
		HAL043027	B. WING		09/	28/2017
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
GREEN	LEAF CARE CENTER		210 NORTH TON, NC 2754	6		
(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 HE APPROPRIATE	(X5) COMPLET DATE
C 195	Continued From pa	ge 5	C 195			
	temperature at all fi maintained betweer Findings on Septem	vealed that the hot water xtures used by residents was n 100 and 116 degrees F. nber 28, 2017: r temperature taken on this				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping o (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed , with natural ventilation in ces: rage; toilet rooms;				
	ventilation was not i cubic feet per minut Findings on Septem	vealed that the exhaust maintained at a rate of two te per square foot.				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE	SURVEY
	PLAN OF CORRECTION IDENTIFICATION		A. BUILDING: 0		COM	PLETED
		HAL043027	B. WING		09//	28/2017
ME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
REEN L	EAF CARE CENTER		210 NORTH TON, NC 2754	c		
X4) ID	SUMMARY STA			PROVIDER'S PLAN OF (CORRECTION	(X5)
REFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLE
C 199	Continued From pa	ge 6	C 199			
	b. Bathroom off of exhaust fan was no	the time clock room - the t working.				