

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/16/2017
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NAME OF PROVIDER OR SUPPLIER
RIVER OAK ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**716 WALL STREET
GRIFTON, NC 28530**

(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)	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on November 16, 2017. There are deficiencies that remain to be corrected.	(C 000)		
(C 189)	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on 11/16/2017: a. There are a total of seven fire alarm strobe lights in the facility. Five of the strobe lights did not illuminate when the fire alarm system was tested during the follow up survey. Maintenance staff stated that he had replaced bulbs and the strobes were working when he tested them. They did not flash when the fire alarm went off. The fire alarm was activated by spraying a smoke detector with canned smoke.	(C 189)		

Prior to resurvey facility ordered direct replacement bulbs for strobes on Nov. 13 and arrived Nov 20, 2017. Facility installed and retested the system and found strobes to still be inoperable, called

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

12-7-17

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NAME OF PROVIDER OR SUPPLIER RIVER OAK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 716 WALL STREET GRIFTON, NC 28530
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			<p>William Fire sprinkler to address as they service our fire panel and complete our annual survey/ inspection of the system. Put service request in and the technician came Dec 4th. Found that he could not repair the strokes. The technician had 2 strokes replaced and had to get more from his shop. He was unable to tell us when he would be able to get back with the replacements but would try by me following week 12-26-17</p>	

Order information

Buyer patrick2004patrick
Seller memotronics_llc
Order placed on Monday, Nov 13, 2017
Payment method PayPal
Payment date Monday, Nov 13, 2017

**Shipping
address**

patrick simms
976 Contentnea Ln
grifton NC 28530-8531
United States

Order total

Subtotal \$9.99
Shipping \$3.74
Total \$13.73

Item(s) bought from memotronics_llc

Qty	Item name	Shipping service	Item price
1	Box of 10 #509K Auto Truck Aircraft Miniature Bulbs (131624073990)	USPS First Class Package	\$9.99

WILLIAMS FIRE SPRINKLER COMPANY, INC.

FIRE PROTECTION SYSTEMS

SECURITY ALARM SYSTEMS



MAILING ADDRESS

P.O. Box 1048 - Williamston, N.C. 27892
Phone #: 252-792-8196 - Fax #: 252-792-8803

PHYSICAL ADDRESS

14677 US Highway 64 - Williamston, N.C. 27802
Web Site: www.williamsfiresprinkler.com

"Good People Doing Good Things For Life And Property"

Work Order No. : 17-12-A39

Date: 12-4-17

JOB NAME: River Oak

ADDRESS: _____

CITY: Grifton Nc

EXTRA TO CONTRACT: () CONTRACT #: _____ **PROPOSAL #:** _____

WILLIAMS FIRE SPRINKLER COMPANY, INC. ("WILLIAMS SPRINKLER") SHALL FURNISH MATERIAL AND LABOR REQUIRED TO PERFORM THE WORK OUTLINED BELOW:

Panel in trouble upon arrival I proceeded to trouble shoot the system and find various strobes not working I Replaced 2 strobes but need to go back to replace at least 4 more.

Panel normal at my departure

WILLIAMS FIRE SPRINKLER COMPANY, INC.

FOREMAN: [Signature]

ACCEPTANCE: (PLEASE FILL OUT IN FULL)

DATE: _____ **P.O. #:** _____

NAME OF FIRM : _____

BILLING ADDRESS: _____

TELEPHONE NUMBER: () _____ **FAX NUMBER: ()** _____

THE ABOVE SPECIFICATIONS AND TERMS AND CONDITIONS ON BACK ARE SATISFACTORY AND HEREBY ACCEPTED. WILLIAMS SPRINKLER IS AUTHORIZED TO PERFORM THE WORK AS SPECIFIED AND IN ACCORDANCE WITH WILLIAMS FIRE SPRINKLER TIME AND MATERIAL RATES UNLESS A LUMP SUM PRICE WAS ACCEPTED PRIOR TO PERFORMANCE OF THE WORK.

PRINT NAME: [Signature]

TITLE: 12-4-17

SIGNATURE: [Signature]

NAME OF FIRM: Shivers City Association
(IF DIFFERENT FROM ABOVE)

Thank you for allowing Williams Fire Sprinkler to meet your security and fire protection needs.

