STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL051061 01/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 PROVIDENCE ASSISTED LIVING SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This is a report of Construction Section Biennial Survey performed by Suzanna Fay and Chris Sluder on January 25, 2018. This facility originally operated as a County Home and was built prior to the 1967 Building Code. DHSR records indicate that this facility was convewrted to a Home for the Aged on September 1, 1986. The facility is currently licesned for 20 residents. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The following deficiencies were cited. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL051061	B. WING		01/2	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PROVIDI	ENCE ASSISTED LIVI	NG 4302 NC 2 SMITHFIE	210 LD, NC 275	77		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 101	the requirements of Prevention Code. Findings on Januar a. Mechanical Roo fired heaters in two Combustible items mechanical rooms. the Fire Prevention	vation, the facility did not meet the North Carolina Fire	C 101			
C 160	(1) The outside gro	PHYSICAL PLANT	C 160			
	Findings on Januar a. Several of the extended an aged or missinallow pests and the building. b. Sections of the extended and the sections of the extended and the sections of the extended and the sections are not approximately as a section of the extended and the section of the extended	vealed that the outside maintained clean and safe.				
C 164	Housekeeping and SECTION .0300 - F 10A NCAC 13F .03		C 164			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
HAL051061		B. WING		01/25/2018		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 01/2	0/2010
PROVIDI	ENCE ASSISTED LIVI	NG 4302 NC 2				
		SMITHFIE	LD, NC 275			
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C 164	Continued From pa	ge 2	C 164			
	coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me	ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: vation, the furnishings were				
	Findings on Januar a. Left wing, last ro closet doors do not b. Kitchen - the cou	y 25, 2018: oom on the right front hall - the				
		vealed that the walls and aintained in good repair.				
	walls where the new b. Kitchen pantry - peeling across the c. Kitchen - there witchen exhaust hoo	ills - there were holes in the v fire strobes were installed. the paint was cracked and				
	3. Observations re maintained in good	vealed that the floors were not repair.				
	Findings on January 25, 2018:  a. Kitchen - the rubber base was missing under the counters in the back left corner.  b. Kitchen - a section of the floor tile was missing					

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C 164	Continued From pa	ge 3	C 164			
		ecessed leaving a place for dirt it under the counter in the				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS  (a) Adult care home  (5) be maintained i orderly manner, free hazards;  (e) This Rule shall facilities.  This Rule is not me  1. Based on observas not easily oper from the inside.  Findings on Januar a. The front entry con the handle to be	es shall: In an uncluttered, clean and e of all obstructions and apply to new and existing  et as evidenced by: Vation, one of the exit doors able, by single hand motion,  y 25, 2018: Hoor required the thumb turn turned before the handle unlatch the door, which is not				
C 184	Fire Safety-Evacua		C 184			
	diagrammed drawir approval of the loca shall be prepared in central location on a home. The plan sha					

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		HAI 054064	B. WING		01/25/2018	
NAME OF I		HAL051061		274TF, 7ID 00DF	1 01/2	5/2018
	PROVIDER OR SUPPLIER	4302 NC 2		STATE, ZIP CODE		
PROVIDI	ENCE ASSISTED LIVI	NG	LD, NC 275	77		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 184	Continued From pa	ge 4	C 184			
	orientation for all new staff.  (f) This Rule shall apply to new and existing facilities.					
	This Rule is not me 1. Observations re have evacuation pla	vealed that the facility did not				
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 d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	not been maintaine maintain electrical e	et as evidenced by: ation electrical equipment has d in a safe manner. Failure to equipment is a safe manner ety of person exposed to the				
	dining areas were rethe Electrical Code. boxes were not procircuit wiring could fixtures. The wiring properly terminated wiring was brought	y 25, 2018: ght fixtures in the living and not wired in accordance with The original ceiling junction perly extended so that the be extended to the lay-in to the fixtures was not at the light, instead the fixture out of the light. An equipment ended to the fixture.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
		HAL051061	B. WING		01/2	5/2018
NAME OF	200 / (DED OF 2) / (DE			2747F 7ID 00DF	, J.,_	<del>-</del>
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PROVIDE	ENCE ASSISTED LIVI	NG 4302 NC 2				
		SMITHFIE	LD, NC 275	77		,
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
0.400	0 " 15		0.400			
C 189	Continued From pa	ge 5	C 189			
	b. Freezer room - t	he light fixture in the freezer				
	room was not worki	ing.				
	c. Basement - Non	e of the bulbs in the basement				
	were working. A ligh	nt in the basement is broken				
	and the wires are e	xposed.				
		vation there is a failure to				
		g's fire safety systems in a				
		es or gaps at penetrations				
		nt rated ceilings could allow				
		pread beyond the area of				
	origin.					
	Findings on longer	OF 2010:				
	Findings on Januar	m left - there is a gap around				
	the exhaust fan hou					
		tern (4 of 6 observed) of				
	ceiling vents not se					
	centing verits flot se	carea to the cennig.				
	3. Observations re	vealed that all of the plumbing				
		maintained in a clean and				
	operating condition.					
	. ~					
	Findings on Januar					
		n, left wing - one of the toilet				
	seats did not fit the					
		n, right wing - one of the toilet				
	seats did not fit the					
		, left wing - the flush handle on				
	the left toilet is loos					
		n, right wing - the sinks are				
		e water to drain at a very slow				
	rate.	n right wing the charge				
		n, right wing - the shower				
	head leaked when t					
		right wing - the tub is				
	clogged.	sump pump does not appear				
	to be working.	camp pamp does not appear				

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PR∩VIDI	ENCE ASSISTED LIVII	4302 NC 2	:10			
1 KOVIDI	LINGE AGGIOTED EIVII	SMITHFIE	LD, NC 275	77		
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C 189	Continued From pa	ge 6	C 189			
	maintain the facility safe operating cond compartment could doors do not complespread of smoke or	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 to help limit the fire to the area of origin.				
l	frame and does not	, left wing - the door hits the				
		vation, there is a failure to s mechanical equipment in				
	the ceiling near the components of this b. The exterior A/C	y 25, 2018: s a mechanical unit hanging at back exit. It appears that system are missing. compressors to the Heat and left wing has been removed.				
C 199	Exhaust Ventilation		C 199		ļ	
	provided with exhautwo cubic feet per mrequirement does n	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;				

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C 199	(k) This Rule shall facilities with the ex which shall not app  This Rule is not me  1. Observations re provide exhaust ver cubic feet per minur four bathrooms.	apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that the facility did not ntilation at the rate of two te per square foot in one of y 25, 2018: , left hall - the exhaust fan was	C 199			

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