			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED	
		HAL081051	B. WING		03/	06/2018
AME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE	•	
ANAS A	SSISTED LIVING FA					
(X4) ID		FORES	T CITY, NC 280	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Surve nducted on March 6, 2018.	y			
	licensed on June 1, on this information, meet the 1967 Edit Building Code, the of Adult Care Home	at this facility was first , 1968 for 44 residents. Base we are requiring the facility to ion of the North Carolina Stat 1971 Rules for the Licensing es, and the applicable portion tions for Adult Care Homes o ls.	o e s			
C 133	Bathrooms-Hand G	brips	C 133			
	rooms are: (6) Hand grips sha	05 PHYSICAL nts for bathrooms and toilet Il be installed at all nd showers used by or				
		vealed that hand grips were ommodes, tubs and showers				
	Findings on March a. Bath across fror hand grip for the to	n laundry - there was not a				
C 160	Outside Premises-0	Clean, Safe	C 160			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requirement					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED
		HAL081051	B. WING		03/	06/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2	KLAND ROAD CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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 160	Continued From pa	age 1	C 160			
		ounds of new and existing aintained in a clean and safe				
		et as evidenced by: vealed that the exterior of the ained in a clean and safe				
	deteriorated. There and the roof is begin b. Exit by Room 2 fascia trim at the le and is falling off. c. Exterior facade flaking and falling of The paint on the sid d. Front elevation fallen off to the left wood has not been e. Grounds outside power chords strum tripping hazard. Int	kitchen porch has rotted and e are large holes in the roof				
C 162	(3) Outdoor walkw	PHYSICAL PLANT 05 PHYSICAL ents for outside premises are: ays and drives shall be ess than five foot-candles of	C 162			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING		03/	06/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA		KLAND ROAD CITY, NC 280			
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 162	Continued From pa	ge 2	C 162			
	This Rule is not me 1. Observations re walkways were not	vealed that the outdoor				
	out.	6, 2018: ′ - the exterior porch light was - none of the exterior lights				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
		et as evidenced by: vealed that the facility did not and floors kept clean and in				
	heavy accumulation b. There is a patter frames in the reside are rusting and dete the half baths betwe c. Room 20 bath - stained around the of the walls.	eiling around the fan had a				

Division	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
			A. BUILDING:	01		
		HAL081051	B. WING		03/	06/2018
NAME OF F	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA		OAKLAND ROAD			
		FORE	ST CITY, NC 28	043		T
(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) COMPLETE DATE
C 164	Continued From pa	age 3	C 164			
	have holes with rou f. Room 28 - the fit toilet is bubbled and g. Sea Crest Show the toilet are stained flaking. h. Sea Crest Show wallpaper border is curling along the ed i. Room 11 - the cl rough splintered ed j. Bath across from shower is stained v patchy. Interview v bathroom had som leaks were repaired of repairing the ceil k. Bath across from Interview with staff repairs. I. Dining room exit at the frame is dam broken off.	of the sliding closet doors ugh, splintered edges. nish on the wall beside the d flaking. ver Room - the walls around ed and the finish is bubbled a ver Room - the adhesive on a failing and the border is dges and at the seams. oset door has a hole leaving dges that can cause injury. In laundry - the ceiling at the vith mildew and the finish is with staff revealed that the e damage from leaks. The d and they were in the proce- ling. In laundry - the shower is dir revealed the dirt is from the - the door frame and the wa haged. Part of the trim is	and the g ess ty. all			
		bed frame on the bed neares ure to the rails and the frame				
		evealed that the kitchen walls ot maintained in good repair				
	cabinetry has been	urvey, part of the kitchen removed leaving the walls				
ISION OF HE	ealth Service Regulation		6899 V	67621	lf continua	tion sheet 4 c

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING		03/	06/2018
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		00/2010
	SSISTED LIVING FA	CILITY # 2 2270 OA	KLAND ROAD CITY, NC 280			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	age 4	C 164			
	that they were in th	Interview with staff revealed e process of replacing all of etry with stainless steel per the tion inspection.				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards;	HOUSEKEEPING AND				
	1. Observations re maintained free of hand grips could ca	et as evidenced by: evealed that the facility was not all hazards. Loose rails and ause injury to the residents if ed to support the weight of the andrail.				
	Findings on March a. Room 28 toilet i is loose.	6, 2018: room - the handrail for the toile	t			
	maintained free of	evealed that the facility was not all hazards. Broken glass or p edges that can cause injury.				
	Findings on March a. Dining room - th at the bottom corne	ne wall mirror has a large crack				
	maintained free fro	vation the facility was not m hazards. Oxygen bottles ored. Oxygen bottles without				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION D1	(X3) DATE SURVEY COMPLETED	
		HAL081051	B. WING		03/	06/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
	ASSISTED LIVING FA		(LAND ROAD CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 166	Continued From pa	ige 5	C 166			
		aint to prevent them from cked over may present a pants of the facility.				
		6, 2018: - there were several oxygen n knocked over and were				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				
	1. Review of record	et as evidenced by: ds revealed that the facility is rehearsals on each shift per				
	conduct a fire reheat third quarter of 201 b. Records revealed	ed that the facility did not arsal on the 1st shift during the 7. ed that the facility did not arsal on the 2nd shift during				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING		03/	06/2018
AME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2 2270 O	AKLAND ROAD			
ANAS	COSISTED LIVING FA	FORES	T CITY, NC 280	)43		
(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) COMPLE DATE
C 189	Building Equipmen	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER nd all fire safety, electrical, umbing equipment in an adul maintained in a safe and	t			
	1. Observations re not maintained in a Broken exit hardwa	et as evidenced by: wealed that the building was safe and operating condition are affects the safety of the visitors if they have difficulty the facility.				
	exterior of the door b. Dining room exi difficult to open. Th to open.	<ul> <li>7 - the door handle on the was broken off.</li> <li>t door - the door is extremely he door has to be lifted in order</li> <li>- the door handle on the</li> </ul>				
	has not been inspe maintained in a saf Occupants of the fa safety equipment ir	vation fire safety equipment cted to assure it has been ie and operable condition. acility could be effected if fire in the smoke compartment did needed to provide fire				
		6, 2018: ishers are not being inspected to insure that they are	d			

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		HAL081051	B. WING		03/	06/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA		KLAND ROAD			
		FORES	CITY, NC 280	43		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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) COMPLET DATE
C 189	Continued From pa	ige 7	C 189			
		ding the fire doors open is r secure to the wall.				
	3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.					
	the corridor ceiling compromises the fi b. Room 11 - there closet leaving a gap assembly. c. Bath across from around the plumbin	6, 2018: at the conduit penetration in outside of Room 19 which re rated ceiling assembly. e is a conduit penetration in the o in the fire rated ceiling m laundry - the fire caulk ng line penetration has fallen o the fire rated ceiling	9			
	d. Room 5 - there	is a conduit penetration in the o in the fire rated ceiling				
		vealed that the plumbing aintained in a safe and				
		6, 2018: /er Room - the toilet seat was at was secured at the time of				
	b. Sea Crest Show tank was too small	n laundry - the toilet seat is				
		f the screws is missing from				

	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01		E SURVEY PLETED
		HAL081051	B. WING		03/	06/2018
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE		00/2010
	SSISTED LIVING FA	2270 0	AKLAND ROAD			
	ASSISTED LIVING FA	FORES	T CITY, NC 280	043		
(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) COMPLETE DATE
C 189	Continued From pa	age 8	C 189			
	equipment is backet water. There is an basement. Intervie	drain trough for the washing ed up and the trough is full of unpleasant smell in the ew with staff revealed that the lines and were completing the				
	maintain the facility safe operating con- compartment could doors do not comp	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smok be exposed to smoke or fire letely close and latch to help smoke or fire to the area of				
	<ul> <li>is difficult to close.</li> <li>b. Bath across from is difficult to close.</li> <li>closed.</li> <li>c. Clean linen - the damaged making the damaged making the damaged making the damaged of the veneral section of the veneral section.</li> </ul>	6, 2018: loor is catching at the latch an m laundry - the door drags and The door does not latch whe hinge on the door is heavily he door difficult to operate. If to the salon has a large her broken off at the bottom does not close and latch.	d			
	failure to maintain t alarm system devic operating condition	vation and testing there is the facility's emergency fire ces and equipment in a safe a. All the occupants of the ected if the equipment failed to a in case of a fire.	0			
		6, 2018: ection device in the open dinin loved from the base.	ıg			
		vation electrical equipment tained in a safe manner.				

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL081051	B. WING		03/	06/2018
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	1 1	
	ASSISTED LIVING FA	(1) 1 1 2 # 2	KLAND ROAD CITY, NC 280			
(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) COMPLET DATE
C 189	Continued From pa	age 9	C 189			
		electrical equipment is a safe of the safety of person exposed ition.	t			
	Findings on March a. Room 5 - the wa loose.	6, 2018: all mounted electrical outlet is				
	ealth Service Regulation					