Division	of Health Service Re	egulation				APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED 03/15/2018	
		HAL041081				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			NDALE DRIV			
		GREENSE	BORO, NC 2	7455		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		l Construction Survey nna Fay on March 15, 2018.				
	Aged on January 10 currently licensed a Therefore the facilit applicable portions Licensing of Adult O North Carolina Stat 409-Institutional, Un as Type V-Protecte					
	Deficiencies were r of correction.	noted which will require a plan				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	not have current sa	et as evidenced by: ds revealed that the facility did initation and fire and building ports available for review.				
	<ul> <li>inspection report was</li> <li>b. A copy of the cuinspection report was</li> <li>c. A copy of the more report was not availed. A copy of the more distribution of the more distribution of the more distribution.</li> </ul>	rrent building sanitation as not available for review. rrent kitchen sanitation as not available for review. ost recent sprinkler inspection				
IVISION OF HE	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE

STATE FORM

	of Health Service Re				(X3) DATE SURVEY	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: C	CONSTRUCTION	COMPLETED	
		HAL041081	B. WING		03/	15/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	TATE, ZIP CODE		
RICHLAN	ND PLACE		WNDALE DRIV BORO, NC 27			
(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 111	Continued From pa	ge 1	C 111			
		lable for review. ost recent fire official as not available for review.				
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 (f) This Rule shall a facilities.	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing				
	1. Review of recorn not have current fire for review.	et as evidenced by: rds revealed that the facility dic e evacuation records available				
	review to determine	15, 2018: ords were not available for e if the drills were being dance with the licensure rules.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			

STATE FORM

If continuation sheet 2 of 7

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
	HAL041081		B. WING		03/	15/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE	1	
RICHLA	ND PLACE		WNDALE DRIV BORO, NC 27			
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X5) COMPLET DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
C 189	Continued From pa	age 2	C 189			
	operating condition (k) This Rule shall facilities with the ex	<ul><li>care home shall be maintained in a safe and operating condition.</li><li>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</li></ul>				
	This Rule is not met as evidenced by: 1. 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.					
	ducts were no long gaps in the rated ce the larger water he ceiling finish off wh b. Riser Room - pe the circulating pum c. Maintenance Of escutcheon plate a d. Resident Laund	e flanges for the water heater er secure to the ceiling leaving eiling assembly. The flange or ater had pulled part of the en it dropped. enetrations for the piping for p were not properly sealed. fice - there is a gap around the t the sprinkler head. ry - the escutcheon plate is akler head leaving a hole in the				
	maintain the buildir a safe operating co device used to kee impediment to quic occupants in the fa cannot be closed a	vation there is a failure to ngs's fire safety components in ondition. Any unapproved p a door open is an kly closing the door. The cility could be effected if doors s required so as to limit the nd/or fire to the area of origin.				
vision of H	Findings on March a. Room labeled "S ealth Service Regulation	15, 2018: Staff Lounge" - the door was				

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Division	of Health Service Re				-	_
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01		E SURVEY PLETED
	HAL041081 B. WING			03/	15/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, S			
RICHLAN	ID PLACE		VNDALE DRIV BORO, NC 27			
(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) COMPLETE DATE
C 189	Continued From pa	age 3	C 189			
	propped open with	garbage barrels.				
	<ul> <li>3. Based on observation, the building HVAC equipment was not maintained operating. This would affect all residents by not maintaining adequate environmental conditions.</li> <li>Findings on March 15, 2018:</li> <li>a. Service corridor - the HVAC systems in the corridor are compromised due to the obstruction of ceiling supply and return ducts by activated radiation dampers. Through observation and interview with staff it was revealed that radiation dampers throughout the facility were in the process of being replaced.</li> </ul>					
	install and maintair configuration. Failu plumbing piping in	vation there is a failure to a plumbing piping in a safe re to maintain or install a safe condition could effect all cility if the domestic water ataminated.				
		15, 2018: ain line for the icemaker was I and did not provide a 2"				
	maintain electrical equipment in safe effect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	Findings on March a. The emergency illuminate on batter	light in the kitchen did not				
	maintain the facility	vation there is a failure to 's fire safety equipment in a				
ision of He ATE FORM	ealth Service Regulation		6899 QI	JVU21	lf continu	ation sheet 4

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL041081	B. WING		03/	15/2018
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
RICHLAN			WNDALE DRIV BORO, NC 27			
(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 189	Continued From pa	ge 4	C 189			
	compartment could doors do not compl	lition. Occupants in the smoke be exposed to smoke or fire in etely close and latch to help smoke or fire to the area of				
	111 was dragging o for the closer to ope door. The door was	15, 2018: for separating laundry room n the floor and would not allow erate properly to close the s extremely difficult to close e resistance of the drag.	,			
	maintain the facility safe condition. In or smoke resident roo	vation there is a failure to 's fire safety equipment in a rder to resist the passage of m doors must not have gaps nd the door frame stops.				
	gap between the do b. Maintenance off	15, 2018: ice by Room 23 - there is a por jamb and frame. ice by Room 23 - there is a n the door above the door				
	has not been maint is a potential shock	vation the electrical equipment ained in a safe manner. This hazard if receptacles near ot function to provide shock				
	when tested. b. Med Room - the	15, 2018: the GFCI outlet does not trip cover plate for the GFCI missing leaving wires				
	9. Observations re	vealed that the plumbing				

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURV	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0		COMPLETED		
		HAL041081	B. WING		03/15/20	)18	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RICHLA	ND PLACE						
			BORO, NC 27	455 PROVIDER'S PLAN OF		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE CO THE APPROPRIATE	(X5) MPLET DATE	
C 189	Continued From pa	ige 5	C 189				
	equipment is not m operating condition	aintained in a safe and					
	is not secure. b. Open Resident I	15, 2018: Bathroom - the pedestal sink Bathroom - the control handle se and difficult to operate.					
	has not received all assure it has been operable condition. be effected if fire sa	ervation fire safety equipment I of the required inspections to maintained in a safe and Occupants of the facility could afety equipment in the smoke of operate when needed to on.					
	conducted in house for the fire extinguis b. Kitchen - the rar	pections were not being by staff/owner and logged in shers. nge hood fire suppression vner's inspections were not					
C 199	Exhaust Ventilation		C 199				
	provided with exhau two cubic feet per r requirement does n	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed b, with natural ventilation in icces: rage;					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED 03/15/2018		
		HAL041081					
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	SS, CITY, STATE, ZIP CODE			
RICHLAI	ND PLACE		WNDALE DRIV BORO, NC 27				
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 199	<ul> <li>(4) housekeeping (5) laundry area.</li> <li>(k) This Rule shall facilities with the exwhich shall not app</li> <li>This Rule is not may</li> <li>This Rule is not may</li> <li>This Rule is not may</li> <li>Observations reprovide exhaust vereprovide exhaust v</li></ul>	closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: evealed that the facility did not ntilation in required areas. 15, 2018: - there is not an exhaust fan n. ry - there is not an exhaust far	C 199				