| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b> |  |                | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|--|--|--|----------------|-------------------------------|--|
|   |  | HAL060077  | B. WING  |  | 04/            | 11/2018                       |  |
| NAME OF I   | PROVIDER OR SUPPLIER   |  | DRESS, CITY, ST                                      | TATE, ZIP CODE   |                | 11/2010                       |  |
| EAST TO   | OWNE   |  | RTH SHARON<br>TTE, NC 2820                           | -  |                |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                                  | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | TION SHOULD BE | (X5)<br>COMPLE<br>DATE        |  |
| C 000   | Initial Comments   |  | C 000  |  |                |                               |  |
|   | Construction Section Biennial Survey report by<br>Frank Strickland and Suzanna Fay on<br>04/11/2018:   |  |  |  |                |                               |  |
|   | HA for 120 beds. B<br>facility must meet th<br>and Regulations for<br>Disabled, the 1978<br>I-Institutional Unres<br>amendments throug<br>portions of the curre<br>Homes of Seven or<br>Deficiencies have b  | een cited and a Plan of  |  |  |                |                               |  |
| C 101   | Correction is require<br>Existing Licensed F   | ac- No less than '71 Rules   | C 101  |  |                |                               |  |
|   | SECTION .0300 - F<br>10A NCAC 13F .03<br>PHYSICAL PLANT<br>The physical plant r<br>care home shall be<br>(2) Except where of<br>licensed facilities or<br>facilities shall meet<br>requirements in effect<br>change in service of<br>renovation, or alterat<br>the requirements for<br>no addition or renovation<br>than those requirem<br>"Minimum and Desi<br>Regulations" for "He | PHYSICAL PLANT<br>01 APPLICATION OF<br>REQUIREMENTS<br>requirements for each adult<br>applied as follows:<br>therwise specified, existing<br>portions of existing licensed<br>licensure and code<br>ect at the time of construction,<br>r bed count, addition,<br>ation; however in no case shall<br>r any licensed facility where<br>vation has been made, be less<br>nents found in the 1971<br>ired Standards and<br>omes for the Aged and Infirm",<br>available at the Division of |  |  |                |                               |  |

933821

| STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                 |
|---|--|--|--|-------------------------------|-----------------|
|   |  | A. BOILDING.   |  |                               |                 |
|   | HAL060077  | B. WING  |  | 04/                           | 11/2018         |
| NAME OF PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, ST                                      | TATE, ZIP CODE                             |                               |                 |
| EAST TOWNE  |  | RTH SHARON<br>TTE, NC 2820                           | AMITY ROAD<br>05                           |                               |                 |
| PREFIX (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES  | ID<br>PREFIX   | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT |                               | (X5)<br>COMPLET |
| TAG REGULATORY OR   | LSC IDENTIFYING INFORMATION)   | TAG  | CROSS-REFERENCED TO T<br>DEFICIENC         |                               | DATE            |
| C 101 Continued From p  | age 1  | C 101  |  |                               |                 |
| 1-Based on observent meet licensure and   | net as evidenced by:<br>vation, this facility has failed to<br>d code requirements in effect at<br>uction or alteration.         |  |  |                               |                 |
| System on the exit<br>have a "wiring diag   | pped with a Special Locking<br>t doors. The facility does not<br>gram and system components<br>inted under glass, in a frame     |  |  |                               |                 |
| meet the NC State<br>for storage of com   | vation, this facility has failed to<br>Building Code requirements<br>bustible materials in areas<br>rdous/incidental use areas.  |  |  |                               |                 |
| has been converte   | 2018:<br>3 that is located in the "A" HALL<br>ad into a storage room full of<br>ge such as boxes, furniture and                  |  |  |                               |                 |
| C 160 Outside Premises  | -Clean, Safe   | C 160  |  |                               |                 |
| 10A NCAC 13F .03<br>ENVIRONMENT<br>(m) The requirem<br>(1) The outside gr   | PHYSICAL PLANT<br>305 PHYSICAL<br>ents for outside premises are:<br>rounds of new and existing<br>naintained in a clean and safe |  |  |                               |                 |
| 1-Based on observ   | net as evidenced by:<br>vation, this facility has failed to<br>f the facility in a safe condition.                               |  |  |                               |                 |
| Findings on 04/11/  | 2018:  |  |  |                               |                 |

933821

| (EACH DEFICIENCY<br>REGULATORY OR L<br>Continued From pa<br>The soffit is rotten I<br>ocations:<br>(a) The wood fascia<br>Smoking Area Patio<br>(b) The wood fascia<br>Smoking Area.<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS                | 4815 NO<br>CHARLO  |  | STATE, ZIP CODE   | (X5)<br>COMPLE<br>DATE  |
|---|--|--|---|---|
| SUMMARY STA<br>(EACH DEFICIENCY<br>REGULATORY OR L<br>Continued From pa<br>The soffit is rotten I<br>ocations:<br>a) The wood fascia<br>Smoking Area Patic<br>b) The wood fascia<br>Smoking Area,<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS   | STREET AU<br>4815 NOI<br>CHARLO<br>TEMENT OF DEFICIENCIES<br>(MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>age 2<br>ocated at the following<br>a for "B" HALL adjacent to<br>on.<br>a for the covered roof at the<br>Furnishings-Clean, Repaired<br>PHYSICAL PLANT   | RTH SHARON<br>TTE, NC 2820<br>PREFIX<br>TAG<br>C 160   | A AMITY ROAD<br>A AMITY ROAD<br>05<br>PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE   | (X5)<br>COMPLE  |
| SUMMARY STA<br>(EACH DEFICIENCY<br>REGULATORY OR L<br>Continued From pa<br>The soffit is rotten I<br>ocations:<br>(a) The wood fascia<br>Smoking Area Patio<br>(b) The wood fascia<br>Smoking Area.<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS | CHARLO   | TTE, NC 2820<br>PREFIX<br>TAG<br>C 160   | 05<br>PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE   | COMPLE  |
| (EACH DEFICIENCY<br>REGULATORY OR L<br>Continued From pa<br>The soffit is rotten I<br>ocations:<br>(a) The wood fascia<br>Smoking Area Patio<br>(b) The wood fascia<br>Smoking Area.<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS                | r MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)<br>age 2<br>ocated at the following<br>a for "B" HALL adjacent to<br>on.<br>a for the covered roof at the<br>Furnishings-Clean, Repaired<br>PHYSICAL PLANT   | C 160  | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE  | COMPLE  |
| The soffit is rotten I<br>ocations:<br>a) The wood fascia<br>Smoking Area Patic<br>b) The wood fascia<br>Smoking Area.<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS  | ocated at the following<br>a for "B" HALL adjacent to<br>on.<br>a for the covered roof at the<br>Furnishings-Clean, Repaired<br>PHYSICAL PLANT   |  |   |   |
| ocations:<br>a) The wood fascia<br>Smoking Area Patio<br>b) The wood fascia<br>Smoking Area.<br>Housekeeping and<br>SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS  | a for "B" HALL adjacent to<br>on.<br>a for the covered roof at the<br>Furnishings-Clean, Repaired<br>PHYSICAL PLANT  | C 164  |   |   |
| SECTION .0300 - F<br>10A NCAC 13F .03<br>FURNISHINGS  | PHYSICAL PLANT   | C 164  |   |   |
| 10A NCAC 13F .03<br>FURNISHINGS   |  |  |   |   |
| coverings kept clea<br>2) have no chronid<br>3) have furniture c  | es shall:<br>ings, and floors or floor<br>in and in good repair;<br>c unpleasant odors;<br>clean and in good repair;   |  |   |   |
| I-Based on observation  | ation, this facility has failed to   |  |   |   |
| The flooring under  | and behind the cooking   |  |   |   |
| Housekeeping-Maintained Free of Hazards   |  | C 166  |   |   |
| IOA NCAC 13F .03<br>FURNISHINGS<br>a) Adult care home<br>5) be maintained i<br>orderly manner, fre<br>nazards;  | 06 HOUSEKEEPING AND<br>es shall:<br>in an uncluttered, clean and<br>e of all obstructions and  |  |   |   |
|   | <ul> <li>a) have furniture of the function of the second s</li></ul> | his Rule is not met as evidenced by:<br>Based on observation, this facility has failed to<br>eep the floor coverings clean.<br>indings on 04/11/2018:<br>he flooring under and behind the cooking<br>pplicances has excessive grease build-up.<br>ousekeeping-Maintained Free of Hazards<br>ECTION .0300 - PHYSICAL PLANT<br>OA NCAC 13F .0306 HOUSEKEEPING AND<br>URNISHINGS<br>a) Adult care homes shall:<br>b) be maintained in an uncluttered, clean and<br>rderly manner, free of all obstructions and<br>azards;<br>b) This Rule shall apply to new and existing<br>icilities. | <ul> <li>a) have furniture clean and in good repair;</li> <li>b) This Rule shall apply to new and existing incilities.</li> <li>c) This Rule is not met as evidenced by:</li> <li>c) Based on observation, this facility has failed to eep the floor coverings clean.</li> <li>c) indings on 04/11/2018:</li> <li>c) he flooring under and behind the cooking oplicances has excessive grease build-up.</li> <li>c) ousekeeping-Maintained Free of Hazards</li> <li>c) C 166</li> <li>ECTION .0300 - PHYSICAL PLANT</li> <li>c) ANCAC 13F .0306 HOUSEKEEPING AND URNISHINGS</li> <li>a) Adult care homes shall:</li> <li>b) be maintained in an uncluttered, clean and rderly manner, free of all obstructions and azards;</li> <li>e) This Rule shall apply to new and existing incilities.</li> </ul> | <ul> <li>a) have furniture clean and in good repair;</li> <li>b) This Rule shall apply to new and existing icilities.</li> <li>his Rule is not met as evidenced by:</li> <li>Based on observation, this facility has failed to eep the floor coverings clean.</li> <li>indings on 04/11/2018:</li> <li>he flooring under and behind the cooking policances has excessive grease build-up.</li> <li>ousekeeping-Maintained Free of Hazards</li> <li>C 166</li> <li>ECTION .0300 - PHYSICAL PLANT</li> <li>DA NCAC 13F .0306 HOUSEKEEPING AND URNISHINGS</li> <li>a) Adult care homes shall:</li> <li>b) be maintained in an uncluttered, clean and rderly manner, free of all obstructions and azards;</li> <li>e) This Rule shall apply to new and existing icilities.</li> <li>h Service Regulation</li> </ul> |

| AND PLAN OF CORRECTION IDENTIF  | 4815 NO<br>CHARLO<br>EFICIENCIES<br>ECEDED BY FULL   | A. BUILDING:  | STATE, ZIP CODE<br>N AMITY ROAD<br>205<br>PROVIDER'S PLAN OF CORRECTIO         | (X3) DATE SU<br>COMPLET<br>04/11/2 | ΓED  |
|---|--|---|--|------------------------------------|------|
| NAME OF PROVIDER OR SUPPLIER         EAST TOWNE         (X4) ID<br>PREFIX<br>TAG       SUMMARY STATEMENT OF D<br>(EACH DEFICIENCY MUST BE PRI<br>REGULATORY OR LSC IDENTIFYIN         C 166       Continued From page 3         This Rule is not met as evider  | STREET AL<br>4815 NO<br>CHARLO<br>DEFICIENCIES<br>ECEDED BY FULL                                     | DRESS, CITY, S<br>RTH SHAROI<br>TTE, NC 282<br>ID<br>PREFIX | N AMITY ROAD<br>205<br>PROVIDER'S PLAN OF CORRECTION                           |                                    | 2018 |
| EAST TOWNE         (X4) ID<br>PREFIX<br>TAG       SUMMARY STATEMENT OF D<br>(EACH DEFICIENCY MUST BE PRI<br>REGULATORY OR LSC IDENTIFYIN         C 166       Continued From page 3         This Rule is not met as evider   | 4815 NO<br>CHARLO<br>EFICIENCIES<br>ECEDED BY FULL   | RTH SHAROI<br>TTE, NC 282                                   | N AMITY ROAD<br>205<br>PROVIDER'S PLAN OF CORRECTION                           |                                    |      |
| (X4) ID       SUMMARY STATEMENT OF D         PREFIX       (EACH DEFICIENCY MUST BE PRI         TAG       REGULATORY OR LSC IDENTIFYIN         C 166       Continued From page 3         This Rule is not met as evider  | CHARLO<br>EFICIENCIES<br>ECEDED BY FULL  | ID<br>PREFIX  | PROVIDER'S PLAN OF CORRECTION  |                                    |      |
| C 166 Continued From page 3<br>This Rule is not met as evider   | EFICIENCIES<br>ECEDED BY FULL  | ID<br>PREFIX  | PROVIDER'S PLAN OF CORRECTION  |                                    |      |
| This Rule is not met as evider  |  |   | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | SHOULD BE COMPLET                  |      |
|   |  | C 166   |  |                                    |      |
| Findings on 04/11/2018:<br>An oxygen bottle was found statable, not stored in an approve<br>HALL Med Room.  | acility has failed to<br>s free of all<br>anding upright on a  |   |  |                                    |      |
| C 189 Building Equipment Maintained   | d Safe, Operating  | C 189   |  |                                    |      |
| SECTION .0300 - PHYSICAL I<br>10A NCAC 13F .0311 OTHE<br>REQUIREMENTS<br>(a) The building and all fire sa<br>mechanical, and plumbing equ<br>care home shall be maintained<br>operating condition.<br>(k) This Rule shall apply to ne<br>facilities with the exception of F<br>which shall not apply to existin | ER<br>fety, electrical,<br>lipment in an adult<br>d in a safe and<br>w and existing<br>Paragraph (e) |   |  |                                    |      |
| This Rule is not met as evider<br>1-Based on observation, this fa<br>maintain the fire safety equipm<br>operating condition.  | acility has failed to  |   |  |                                    |      |
| Findings on 04/11/2018:<br>The corridor emergency wall lig<br>located at the following location<br>illuminate when tested in the e<br>(a) "A" HALL-Administrator's C<br>(b) "B" HALL-TV Room outside<br>(c) Med Room  | ns did not<br>mergency mode:<br>Office   |   |  |                                    |      |
| 2-Based on observation, this fa   | acility has failed to  |   |  |                                    |      |

|                          | IT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE               | CONSTRUCTION   |                                   | E SURVEY                |
|--------------------------|---|---|-----------------------------|--|-----------------------------------|-------------------------|
| ND PLAN                  | OF CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING: <b>01</b>      |  | COMPLETED                         |                         |
|                          |   | HAL060077   | B. WING                     |  | 04/                               | 11/2018                 |
| IAME OF F                | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, ST            | TATE, ZIP CODE   |                                   |                         |
| EAST TO                  | OWNE  |   | RTH SHARON<br>DTTE, NC 2820 |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)           | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| C 189                    | Continued From pa   | ge 4  | C 189                       |  |                                   |                         |
|                          | maintain the fire safety equipment in a safe and operating condition.   |   |                             |  |                                   |                         |
|                          | Findings on 04/11/2018:<br>The Kitchen walk-in freezer's sprinkler heads<br>have excessive corrosion build-up.<br>3-Based on observation, this facility has failed to<br>maintain the fire safety equipment in a safe and<br>operating condition. |   |                             |  |                                   |                         |
|                          |   |   |                             |  |                                   |                         |
|                          | hardware)<br>(b) "B" HALL-Room  | do not latch:<br>Room (Damaged door<br>42 (Damage strike plate)<br>18 (Bathroom-Damage door |                             |  |                                   |                         |
|                          |   | ation, this facility has failed to<br>fety equipment in a safe and                          |                             |  |                                   |                         |
|                          | wedged in the open<br>(a) The corridor ent<br>Living Room.  | ons have doors that are   |                             |  |                                   |                         |
|                          |   | ation, this facility has failed to<br>fety equipment in a safe and                          |                             |  |                                   |                         |
|                          |   | 018:<br>ons have ceiling penetrations<br>ed fire protection or none at                      |                             |  |                                   |                         |

933821

| Division                 | of Health Service Re  | egulation  |                             |   | FORM                             | APPROVE                  |
|--------------------------|---|--|-----------------------------|---|----------------------------------|--------------------------|
|                          | NT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                             |   | (X3) DATE SUR<br>COMPLETE        |                          |
|                          |   |  | A. BUILDING: <b>01</b>      |   |                                  |                          |
|                          |   | HAL060077  | B. WING                     |   | 04/                              | 11/2018                  |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, S             | TATE, ZIP CODE  |                                  |                          |
| EAST TO                  | DWNE  |  | RTH SHARON<br>OTTE, NC 2820 | AMITY ROAD  |                                  |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)            | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACT)<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| C 189                    | Continued From pa   | age 5  | C 189                       |   |                                  |                          |
|                          | <ul> <li>(a) Sprinkler Riser Room (Ceiling penetrations above water-heater)</li> <li>(b) "B" HALL-Employee Locker Room</li> <li>6-Based on observation, this facility has failed to maintain the fire safety equipment in a safe and operating condition.</li> <li>Findings on 04/11/2018:<br/>The door hardware is damaged preventing latching action at the following locations:</li> <li>(a) Kitchen door adjacent to hand sink.</li> <li>(b) "A" HALL-Phone Room</li> </ul> |  |                             |   |                                  |                          |
|                          |   |  |                             |   |                                  |                          |
|                          |   |  |                             |   |                                  |                          |
|                          |   | ation, this facility has failed to fety equipment in a safe and .                              |                             |   |                                  |                          |
|                          | not prevent the pasissues:  | d at the following locations do<br>sage of smoke due to sealing<br>iding into the Dining Hall. |                             |   |                                  |                          |
|                          |   | ation, this facility has failed to fety equipment in a safe and .                              |                             |   |                                  |                          |
|                          | Findings on 04/11/2<br>The magnetic holdi<br>smoke-barrier door<br>HALL is not secure   | ing device for the<br>adjacent to Room in the "A"  |                             |   |                                  |                          |
|                          |   | ation, this facility has failed to<br>ing equipment in a safe and                              |                             |   |                                  |                          |
| vision of H              | Findings on 04/11/2<br>The toilets are not seath Service Regulation   | secured to the floor at the  |                             |   |                                  |                          |
| ATE FOR                  | -   |  | 6899 93                     | 33821   | If continu                       | ation sheet 6            |

|                          | IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                     |  |                                   | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|--|---------------------|--|-----------------------------------|-------------------------------|--|
|                          |  | HAL060077  | B. WING             |  | 04/                               | 11/2018                       |  |
| NAME OF I                | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, ST    | ATE, ZIP CODE  | •                                 |                               |  |
| EAST TO                  | OWNE   |  | RTH SHARON          |  |                                   |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE       |  |
| C 189                    | maintain the plumb<br>operating condition<br>Findings on 04/11/2<br>Above the water-he<br>Mechanical/Sprinkle<br>following leaking plu<br>(a) The circulator plur<br>(b) The copper plur<br>leaking.<br>11-Based on observi-<br>maintain the electric<br>operating condition | 28/Bathroom<br>er Room<br>11/Bathroom<br>35/Bathroom<br>43/Bathroom<br>vation, this facility has failed to<br>ing equipment in a safe and<br>2018:<br>eater in the<br>er Riser Room there are<br>umbing components:<br>umb housing is leaking.<br>nbing piping at the reducer is<br>vation, this facility has failed to<br>cal equipment in a safe and |                     |  |                                   |                               |  |
|                          | HALL Bathroom for<br>12-Based on obser<br>maintain the mecha<br>components in a sa<br>Findings on 04/11/2  | vation, this facility has failed to<br>anical equipment and<br>afe and operating condition.<br>2018:<br>s has excessive particulate<br>ving locations:   |                     |  |                                   |                               |  |