	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		E SURVEY PLETED
		FCL059028	B. WING			04/2018
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
VINTERO	GREEN ASSISTED LI	VING	EMING AVENUE N, NC 28752			
(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 000	Initial Comments		C 000			
	Report by Luis Pad	illa				
	AM at the above re- records indicate the October 7, 1998 as (6) ambulatory Res evacuate without an assistance during a Based on this we a compliance with the Care Rules T10:42 portions 10A NCAC the 1991 North Car Section 514.1 Exce Homes	2018 from 9:05 AM to 11:20 ferenced facility. DHSR e home was first licensed on a Family Care Home for six idents (able to respond and ny physical or verbal a fire or other emergency). re requiring the home to be in e following: the 1992 Family C; the 2005 Applicable C 13G for Family Care Homes onina Sate Building Code - eption #1 - Residential Care isit, we cited deficiencies tha	3;			
	require an acceptal are as follows:	ble plan of correction. They				
C 117	Have Current San.	And Fire Safety Approvals	C 117			
	CONSTRUCTION (n) The home sha fire and building sat	THE BUILDING 802 DESIGN AND Il have current sanitation and fety inspection reports which I in the home and available fo				
	current sanitation a	s; The home shall have nd fire and building safety which shall be maintained in				
	At the time of the s	urvey it was observed that				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION		E SURVEY PLETED
		FCL059028	B. WING		04/04/2018	
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE. ZIP CODE		04/2010
	GREEN ASSISTED L	IVING 323 FLE	MING AVENUE			
		MARIO	N, NC 28752			
(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) COMPLET DATE
C 117	Continued From pa	age 1	C 117			
		o present a current sanitation n site. This does not meet the				
	have a current san	ngs make arrangements to itation report on site and a HSR Construction Section as pliance.				
C 148	Outside Entrances	/Exits-Free of Obstructions	C 148			
	AND EXITS (e) All entrances/ obstructions or imp	THE BUILDING 312 OUTSIDE ENTRANCE exits shall be free of all bediments to allow for full of fire or other emergency.				
	1.) The rule require free of all obstruction	et as evidenced by: es; all entrances/exits shall be ons or impediments to allow fo ase of fire or other emergency				
	the Staff Bedroom, member path of er window. In the eve	survey it was observed that in , a dresser impeded the staff mergency egress through the nt of an emergency situation, ble exiting the home.				
	have the dresser n room that will not in emergency egress	ngs make arrangements to noved to another area of the mpede the staff's path of . Once completed provide to the DHSR Construction tion of compliance.				
C 153	Houskeeping And	Furnishings-Clean, Repaired	C 153			
	SECTION .0300 -	THE BUILDING				

STATEMEN	of Health Service Realth Service Realth Service Realth Service Realth of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
	FCL059028		B. WING		04/04/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WINTER	GREEN ASSISTED LI	VING	MING AVENUE I, NC 28752			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 153	10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chron (3) have furniture (e) This Rule shal homes. This Rule is not me 1.) The rule require floors or floor cover repair: At the time of the sic carpet in Bedroom unattended, more of create a trip hazard home. Based on our findin have the affected a provide photos of th Construction Section compliance. Fire Safety-Smoke SECTION .0300 - T	B15 HOUSEKEEPING AND are home shall: lings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; I apply to new and existing et as evidenced by: es; have walls, ceilings, and rings kept clean and in good urvey it was observed that the #4 was torn by the door. If left of the carpet will unravel and I to residents and staff of the ags make arrangements to rea repaired. Once completed by mas verification of Detectors		DEFICIENC	YY)	
	detectors as require Building Code and connected to a ded located in the attica	nall be provided with smoke ed by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These nterconnected and be ry backup.	•			

B08T21

If continuation sheet 3 of 10

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		FCL059028	B. WING		04/	04/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE	1	
VINTER	GREEN ASSISTED LI	VING	EMING AVENUE N, NC 28752			
(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 169	Continued From pa	ge 3	C 169			
	interconnected by the Rule permits the	tors are required to be his Rule. The application of e heat detectors to be smoke detectors, but does				
		s; U.L. listed heat detectors icated sounding device				
		urvey we were unable to verif as installed in the attic space nt with the rule.				
	have a heat detector completed provide invoices/receipts in	gs make arrangements to or installed in the attic. Once photos of the work as well as dicating all work performed to ction Section as verification o	D			
C 172	Fire Safety-Four Re	ehearsals	C 172			
	DISASTER PLAN (e) There shall be fire evacuation plan rehearsals shall be furnished to the cou services annually. date and time of the	THE BUILDING at least four rehearsals of the each year. Records of maintained and copies unty department of social The records shall include the e rehearsals, staff members t description of what the				
	This Rule is not me 1.) The rule require	et as evidenced by: s; There shall be at least fou	r			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		FCL059028	B. WING		04/04/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	• •	
VINTER	GREEN ASSISTED LI	VING	MING AVENUE I, NC 28752			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 172	Continued From pa	ge 4	C 172			
	Records of rehears copies furnished to social services ann include the date an members present, a the rehearsal involv At the time of the su staff was not perfor hours of 10 PM and with the rule. Based on our findin perform fire drills at completed provide	re evacuation plan each year. als shall be maintained and the county department of ually. The records shall d time of the rehearsals, staff and a short description of wha red: urvey it was observed that the ming fire drills between the d 7AM. This does not comply the se times as well. Once documentation of the work to ction Section as verification of	it			
	2.) The rule require rehearsals of the fir Records of rehears copies furnished to social services ann include the date an members present, the rehearsal involv	s; There shall be at least four re evacuation plan each year. als shall be maintained and the county department of ually. The records shall d time of the rehearsals, staff and a short description of wha red: urvey it was observed that				
	during fire drills, sta setting off the smol	aff yells "FIRE" instead of the detectors. This is a violation as not meet the intent of the				
	perform fire drills by detectors of the hor	gs make arrangements to y setting off the smoke me. Once completed provide ne DHSR Construction Section mpliance.	n			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL059028	B. WING		04/	04/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
VINTER	GREEN ASSISTED LI	VING				
(X4) ID	SUMMARY STA		NC 28752	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
C 174	Continued From pa	ige 5	C 174			
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building and mechanical, and plucare home shall be operating condition	B17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
		s; all fire safety equipment in hall be maintained in a safe	a			
	fire extinguishers the being maintained or requires for staff to	urvey it was observed that the proughout the facility were not n a monthly basis. It is perform a "quick check" on erify they will be functional in ergency situation.				
	inspect these devic completed provide	igs make arrangements to es on a monthly basis. Once documentation of the work to ction Section as verification of				
		s; all fire safety equipment in hall be maintained in a safe lition:	a			
	fire extinguisher in floor by the refriger	urvey it was observed that a the kitchen was placed on the ator. This a violation of the fire ishers are required to be I.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		FCL059028	B. WING		04/	04/2018
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
/INTER	GREEN ASSISTED LI	VING	MING AVENUE I, NC 28752			
(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 174	Continued From pa	age 6	C 174			
	have this device me completed provide	ngs make arrangements to ounted on the wall. Once photos of the work to the n Section as verification of				
		es; all fire safety equipment in hall be maintained in a safe lition:	а			
	smoke detectors w quarters, however	urvey it was observed that ere installed in the staff's they were covered by plastic of allow the device to function				
	have these bags re detectors can funct provide photos of tl	ngs make arrangements to emoved so that the smoke tion properly. Once completed he work to the DHSR on as verification of				
		es; all electrical equipment in a hall be maintained in a safe lition:				
	there were missing Bedroom #4, and in	urvey it was observed that lights in Bedrooms #2, n the crawl space. These o be live and present an				
	install new light bul	ngs make arrangements to bs. Once completed provide to the DHSR Construction ion of compliance.				
	5.) The rule require ealth Service Regulation	es; all electrical equipment in a	1			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		FCL059028	B. WING		04/	04/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE	1 1	
VINTER	GREEN ASSISTED LI	VING	MING AVENUE N, NC 28752			
(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 174	Continued From pa	ige 7	C 174			
	family care home s and operating cond	hall be maintained in a safe lition:				
	baseboard heater r	urvey it was observed that the near the sink in the staff osed wires. This presents an	3			
	have the exposed v completed provide	ngs make arrangements to wires properly protected. Once photos of the work to the n Section as verification of	e			
		s; all electrical equipment in a hall be maintained in a safe lition:	a			
	Bathroom #2 the lo	urvey it was observed that in wer portion of the receptacle s creates an electrical hazard				
	have the receptacle Once completed pr	ngs make arrangements to e put back in place properly. rovide photos of the work to ction Section as verification of	F			
		s; all mechanical equipment i shall be maintained in a safe lition:				
	exhaust fan in the s loud screeching no	urvey it was observed that the staff bathroom would make a ise when turned on. This can tor seizing and a potential fire				
		ngs make arrangements to an replaced/repaired. Once				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL059028	B. WING		04/	04/2018
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		04/2010
	GREEN ASSISTED LI	VING				
	SUMMARY STA		N, NC 28752	PROVIDER'S PLAN OF		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
C 174	Continued From pa	ige 8	C 174			
	invoices/receipts in	photos of the work as well as dicating all work performed to ction Section as verification o	D			
		s; all plumping equipment in a hall be maintained in a safe lition:	a			
	toilet in the staff bat	urvey it was observed that the throom was loose from the mpliant with the rule.	9			
	have the toilet repa	igs make arrangements to ired. Once completed provide to the DHSR Construction ion of compliance.	2			
C 183	Outside Premises-0	Clean, Safe	C 183			
	(a) The outside gr	318 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clear	1			
	and existing family	et as evidenced by: s; the outside grounds of nev care homes shall be an and safe condition:	v			
		urvey it was observed that the e had a growth of mildew. Th ntent of the rule.				
	have the exterior of the build up of mild	igs make arrangements to the home treated. to remove ew. Once completed provide to the DHSR Construction				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		F.C.I. 050000	B. WING			
	PROVIDER OR SUPPLIER	FCL059028	DDRESS, CITY, ST		04/	04/2018
	GREEN ASSISTED LI	VING 323 FLE	MING AVENUE			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 183	Continued From pa	age 9	C 183			
	Section as verificat	ion of compliance.				