

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FOUR OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay on 05/16/2018:</p> <p>Records indicate this facility was first licensed on 12/12/1988. An addition was licensed on 04/05/1994. The facility is currently licensed for 96 Beds with a 40 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and for the original building the 1978 (Revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds and for the addition the 1991 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1992 Rules for Licensing of Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to</p>	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FOUR OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 1</p> <p>be kept clean and in good repair.</p> <p>Findings on 05/16/2018: The Kitchen entry door from the Dining Hall has wood veneer that is delaminating and edges are damaged.</p> <p>2-Based on observation, this facility has failed to be kept clean and in good repair.</p> <p>Findings on 05/16/2018: The ceiling sheet-rock has become unfastened from the supporting structure in Room 415.</p> <p>3-Based on observation, this facility has failed to be kept clean and in good repair.</p> <p>Findings on 05/16/2018: The ceiling paint is peeling in the Bathroom shared by Rooms 313/315.</p> <p>4-Based on observation, this facility has failed to be kept clean and in good repair.</p> <p>Findings on 05/16/2018: All of the floor areas that meet the corridors, have run-off spotting from cleaning agents and wax that have resulted incomplete floor finishes.</p>	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FOUR OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 2 facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to store gas cylinders in a orderly manner to be free of hazards. Findings on 05/16/2018: There are oxygen gas cyclinder located in the Assisted Living Med Room that are free-standing and not in a storage racks.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 05/16/2018: The ansul spray nozzles are not directed to the cooking surfaces on the range because the unit has been moved away from the back wall. 2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FOUR OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 Findings on 05/16/2018: The escutcheon does not cover an opening in the ceiling construction located in the back closet for Room 307. 3-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 05/16/2018: The Kitchen emergency wall light does not operate.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to exhaust ventilation at the rate of two CFM's per square foot.	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FOUR OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	Continued From page 4 Findings on 05/16/2018: The mechanical ventilation system is not operational at the following locations: (a) First Shower/300 HALL (b) Janitor Closet adjacent to Smoke Area	C 199		