STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL081051 06/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD NANAS ASSISTED LIVING FACILITY # 2 FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 6-27-2018. Several deficiencies were not corrected. Further action is required. C 150 C 150 Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 6-27-2018: There was a 4 foot diameter fan in use in the corridor reducing the clear width to about 2.5 feet. Note; This deficiency was corrected during the survey. {C 162} Outside Premises-Outdoor Lighting {C 162} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways were not illuminated.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
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		HAL081	1051	B. WING		06/2	7/2018
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
NANAS A	ASSISTED LIVING FA	CILITY # 2		(LAND ROAI CITY, NC 28			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 162}	Continued From pa	ge 1		{C 162}			
	Findings on 6-27- 2018: The bulbs were burned out in several of the outside light fixtures.						
{C 164}	Housekeeping and	Furnishings-0	Clean, Repaired	{C 164}			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities.	es shall: ings, and floo n and in good c unpleasant dean and in g apply to new	ors or floor d repair; odors; lood repair; and existing				
	This Rule is not me 1. Observations re have walls, ceilings good repair.	vealed that th	ne facility did not				
	Findings on 6-27-20 a. Room 20 - the content heavy accumulation b. There is a patter frames in the reside are rusting and determined the half baths between the c. Room 20 bath - removed and had not be a content heavy accumulation.	eiling around nof dust. In of damage ent bathrooms eriorating aloreen rooms at the vinyl tile f	d metal door s. The frames ng the bottom in the back hall. loor had been				
{C 166}	Housekeeping-Mair	ntained Free	of Hazards	{C 166}			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home	06 HOUSE	ANT KEEPING AND				

Division of Health Service Regulation

STATE FORM 6899 V67622 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
HAL081051		B. WING		06/2	R 17/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						172010
NANAS	ASSISTED LIVING FA	CILITY # 2 2270 OAK	LAND ROAL	<b>o</b>		
	I	FOREST	CITY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{C 166}	Continued From pa	ge 2	{C 166}			
	orderly manner, fre hazards;	in an uncluttered, clean and e of all obstructions and apply to new and existing				
	maintained free of a hand grips could ca they moved or faile person using the ha Findings on 6-27-20	vealed that the facility was not all hazards. Loose rails and ause injury to the residents if d to support the weight of the andrail.				
	maintained free of a mirrors create shar Findings on 6-27-20 a. Dining room - th at the bottom corne 3. Based on obsermaintained free froi Finding on 6-27-20	e wall mirror has a large cracker near the kitchen.  vation the facility was not m hazards.				
{C 189}	Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an		{C 189}			
	care home shall be operating condition	maintained in a safe and				

Division of Health Service Regulation

STATE FORM 6899 V67622 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: <b>(</b>		(X3) DATE SURVEY COMPLETED		
		HAL081051	B. WING			R <b>27/2018</b>
	PROVIDER OR SUPPLIER  ASSISTED LIVING FA	CILITY # 2 2270 OA	DDRESS, CITY, STAKLAND ROAD CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{C 189}	facilities with the ex which shall not app  This Rule is not med 1. Observations re not maintained in a Broken exit hardwaresidents, staff and entering or exiting the Findings on 6-27-20 c. Exit by Room 2 exterior of the door 3. Based on obsermaintain the building safe condition. Hole through fire resistant fire and smoke to sorigin.  Findings on 6-27-20 a. There was a hold the corridor ceiling compromises the fib. There was a unsmeets the ceiling in	ception of Paragraph (e) ly to existing facilities.  et as evidenced by: vealed that the building was safe and operating condition. re affects the safety of the visitors if they have difficulty he facility. 018: - the door handle on the was broken off.  vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of  018: e at the conduit penetration in outside of Room 19 which re rated ceiling assembly. sealed gap where the wall the closets in room 5 and 11. revealed to be a pattern in		DEFICIENCY)		
	equipment is not m operating condition Findings on 6-27-20	018: let seat was very loose				
	maintain the facility safe operating cond	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire				

Division of Health Service Regulation

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		HAL081051	B. WING		N6/2	R 27/2018
NAME OF L				27475, 7ID 00D5	06/2	.7/2010
NAME OF I	PROVIDER OR SUPPLIER		KLAND ROAI	STATE, ZIP CODE		
NANAS A	ASSISTED LIVING FA	CILITY#2	CITY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	age 4	{C 189}			
	doors do not complimit the spread of sorigin. Findings on 6-27-20 a. Room 11 - the dis difficult to close. b. Bath across from is difficult to close. closed. d. Salon - the door removed and the sprequirements for sp.  New finding on 6-27. The door to the sup a dead-bolt only an when closed.  7. Based on observing the specific to maintain manner could effect to the unsafe condifications on 6-27-20.	letely close and latch to help smoke or fire to the area of 018: loor is catching at the latch and manual latch and The door does not latch when to the salon had been pace does not meet the baces open to the corridor.  7-2018: oply closet was equipped with id could not automatically latch vation electrical equipment tained in a safe manner. electrical equipment is a safe of the safety of person exposed ition.				
C 197	General Lighting		C 197			
	minimum lighting sl (1) 30 foot-candle (2) 10 foot-candle (k) This Rule shall facilities with the ex	e required emergency lighting, hall be as follows:				

Division of Health Service Regulation

STATE FORM 6899 V67622 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		HAL081051	B. WING		06/2	7/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NANAS	ASSISTED LIVING FA	CHILY#2	KLAND ROA CITY, NC 28			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 197	Continued From pa	age 5	C 197			
	front corridor fails to Finding on 6-27-20 The front hall is 128 9 wall sconce light fixtures had only a	ion, the lighting provided in the comply with the Rule above.  18: 8 feet long and is provided with fixtures. Seven of those  7.5 watt incandescent bulb It was the hall was very dark				

6899

Division of Health Service Regulation STATE FORM