Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X5) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: 01 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 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR L5C IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE DATE 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 Corridors-Free of equipment and Obstructions C 150 SECTION .0300 - PHYSICAL PLANT 10A NGAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. tan was removed out of hallway. 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. Bulbs are replaced 8/31/10 in the outdoor walkways This Rule is not met as evidenced by: Observations revealed that the outdoor walkways were not illuminated.

Division of Health Service Regulation

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

STATE FORM

Division of Health Service Regulation							
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMPLETED			
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		HAL081051	B. WING		06/27/2018		
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NAME: OF F	ROVIDER OR SUPPLIER		CLAND ROAL				
RANAN	ASSISTED LIVING FA	GILITY # 2 FOREST	CITY, NG 28	043	480		
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{C 162}	Continued From pa	ge 1	(C 162)	'''			
	Findings on 6-27- 2 The bulbs were bur outside light fixtures	ned out in several of the					
(C 164)	Housekeeping and	Furnishings-Clean, Repaired	(C 164)				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
	1. Observations re	et as evidenced by: vealed that the facility did not and floors kept clean and in		Room 20 Gilling for has been clean	Dr 8/31/18		
	heavy accumulation b. There is a patte frames in the reside are rusting and det	coiling around the fan had a n of dust. m of damaged metal door ent bathrooms. The frames entorating along the bottom in		The door frames	have 8/31/18		
		een rooms at the back hall. the vinyl tile floor had been not been replaced.		انا بطلع ما	P- Diallik		
(C 166)	Housekeeping-Mal	ntained Free of Hazards	(C 166)	has been replace	e		
	SECTION .0300 - I 10A NCAC 13F .03 FURNISHINGS (a) Adult care home	306 HOUSEKEEPING AND		has been replace			
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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		· ·	A HOLLSHAR	•	F	.]	
	•	HAL081061	B. WING			7/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE			
	ASSISTED LIVING FA	CHITV # 9	LAND ROAL			·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROVIDER (PERIORIENCY)	D 8E	COMPLETE DATE:	
(C 166)	Continued From pa	ge 2	{C 106}				
	orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Observations remaintained free of a hand grips could ce they moved or failed person using the har Findings on 6-27-20 a. Room 28 toilet mis loose. 2. Observations remaintained free of a mirrors create shart Findings on 8-27-20 a. Dining room - that the bottom corners intained free from the shall be sha	vealed that the facility was not all hazards. Loose rails and use injury to the residents if d to support the weight of the andrall. 018: born - the handrail for the tollet vealed that the facility was not all hazards. Broken glass or p edges that can cause injury. 018: e wall mirror has a large crack or near the kitchen.		Room 28 toilet replaced. Dining room wall mirror the crack is fixed wasp rest is how down	\$	813113018 813113018	
(C 189)	Building Equipment	Maintained Safe, Operating	(C 189)				
	mechanical, and ple care home shall be operating condition	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and		,			

Division	Division of Health Service Regulation (x3) DATE SURVEY							
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING:	E CONSTRUCTION	COMPLETED			
AND FINA	gry marriamer resist	1811	/ BUILDING	Ψ1	R			
	٧.	HAL081051	B. WING		06/27/2018			
ALLEANN SHEET	PROVIDER OR SUPPLIER		DDRESS, CITY, 5	ITATE, ZIP GODE				
		2270 OA	KLAND ROAL					
RANAR	ASSISTED LIVING FA	6H HW # 9	CITY, NC 28					
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(C 189)	Continued From pa	nge 3	(C 189)					
(0 100)		*	,					
	which shall not app	cception of Paragraph (e) ly to existing facilities.						
	William Gridin 1101 -pp	The section of the section of						
	This Rule is not m	et as evidenced by:		Hardle has been on door. by Exit b	out			
	 Observations re 	vealed that the building was		wordle has been	Port Linuary			
	not maintained in a	safe and operating condition.		Harale , a mile la	6131118			
	muidents, staff and	are affects the safety of the I visitors if they have difficulty		on door by balt P	J '			
	entering or exiting	the facility.		DIV GOOT IS				
	Findings on 6-27-2			Room 2				
	oxterior of the door	- the door handle on the was broken off.		'				
			1	Room 19 hde has				
	3. Based on obset	vation there is a failure to			200 121118			
	maintain the building	ng's fire safety systems in a es or gaps at penetrations		Dama la hole has	DC31 0 11.11.0			
	through fire resiste	nt rated ceilings could allow		Kom it in				
		spread beyond the area of		Aved				
	origin. Findings on 6-27-2	018:		11,722	1			
	a. There was a ho	le at the conduit penetration is	1	Rooms 5 & 11 have	Wen 8/31/18			
	the corridor ceiling	outside of Room 19 which		Rooms 5 9 11 nave	C2C-7.1			
	b. There was a un	fire rated ceiling assembly, sealed gap where the wall		- and				
	meets the celling is	n the closets in room 5 and 11	٠	repaired				
	This condition was	revealed to be a pattern in		repaired Room 5 also the Geat has been re	tioles			
	most of the closets	s on the front naw.		Room 5 also	013170			
	4. Observations re	evealed that the plumbing		least has been re	Witch .			
		naintained in a safe and		Geor 1400				
	operating condition Findings on 6-27-2							
	d. Room 5 - the to	ollet seut was very loose						
	making it unsafe to							
	5. Based on obse	rvation there is a failure to						
	maintain the facility	y's fire safety equipment in a						
	safe operating cor	idition. Occupants in the smol	(e)					
	compartment coul	d be exposed to smoke or fire	. (1)					

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X5) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	DENTIFICATION NOMBER	A. BUILDING:	01			
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NAME OF I	YKOVIDER OR SUPPLIER			STATE, ZIP GODE			
NANA\$	ASSISTED LIVING FA	OILITY # 9	LAND ROAD	043			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
{C 189}	Continued From pa	ge 4	(C 189)				
Ç 197	doors do not complifimit the spread of a crigin. Findings on 6-27-20 a. Room 11 - the dis difficult to close. b. Beth across from is difficult to close. closed. d. Salon - the door removed and the sprequirements for spreading on 6-2. The door to the sup a dead-bolt only an when closed. 7. Based on obsert has not been maintain manner could effect to the unsafe condificitings on 6-27-21 a. Room 5 - the welloose.	etely close and latch to help amoke or fire to the area of 218; cor is catching at the latch and in laundry - the door drags and The door does not latch when to the salon had been pace does not meet the paces open to the corridor. 7-2018: oply closet was equipped with discould not automatically latch viation electrical equipment tained in a safe manner. electrical equipment is a safe at the safety of person exposed tion. 018: all mounted electrical outlet is		Room 11 door is fix The door has been repaired for the li Salon door has li repaired Room 5 outlet has been fixed	n aundry seen	8 31 18 8 31 18 8 31 18	
	REQUIREMENTS (f) In addition to the minimum lighting s (1) 30 foot-candle (2) 10 foot-candle (k) This Rule shall facilities with the ex-	e required emergency lighting, hall be as follows:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043 CA(1) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE OROSE-REPERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 197 L 19ht LEO bulb S AVE BEEN PUT IN TO PROVIDE MORE TO PROVIDE MORE SUMMARY STATEMENT OF DEFICIENCIES (AS) C 197 C 197 C 197 L 19ht LEO bulb S AVE BEEN PUT IN TO PROVIDE MORE TO PROVIDE MORE 1/9ht TO PROVIDE MORE TO PROVIDE MORE 1/9ht 1/9ht	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043 CX4) ID GUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION BHOULD BE PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION) C 197 C	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY COMPLETED			
NANAB ASSISTED LIVING FACILITY #2 2279 GAKLAND ROAD FOREST CITY, NC 20043 (XA) ID PREFIX GEOLOGY MUST BE PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 197 Continued From page 5 This Rule is not met as evidenced by: Based on observation, the lighting provided in the front corridor fails to comply with the Rule above. Finding on 8-27-2018; The front hall is 128 feet long and is provided with 9 wall sconce light fixtures. Seven of those fixtures had only a 7.5 watt incendescent bulb installed. The result was the hall was very dark even with all lighting turned on. 2279 GAKLAND ROAD FOREST CITY, NC 20043 PREFIX REGISTRATIVE ACTION SHOULD BE COMPLETE CACH GORRECTIVE ACTION SHOULD BE CACH GORRECTIVE ACTION SHOULD BE COMPLETE CACH GORRECTIVE ACTION SHOULD BE CACH GOR			HAL081051	p. WING				
NANAB ASSISTED LIVING FACILITY #2 2270 OAKLAND ROAD FOREST CITY, NC 20043 CXA ID SUMMARY STATEMENT OF DEFICIENCIES (FACIN DEFICIENCIES) (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (FACIN DEFICIENCY) MUST BE PRECEDED BY FULL PREFIX TAG (FACIN DEFICIENCY) C 197 Continued From page 5 This Rule is not met as evidenced by: Based on observation, the lighting provided in the front corridor fails to comply with the Rule above. Finding on 8-27-2018; The front hall is 128 feet long and is provided with 9 wall sconce light fixtures. Seven of those fixtures had only a 7.5 watt incandescent bulb installed. The result was the hall was very dark even with all lighting turned on. 2070 CAID PREFIX PROVIDER PLAN OF CORRECTION CONFIDENCE OF COMPLETE COMPL	NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 6	STATE, ZIP CODE			
PRIFIX TAG PRIFICE PROPERTY OF LACT DENTIFYING INFORMATION) C 197 Continued From page 5 This Rule is not met as evidenced by: Based on observation, the lighting provided in the front corridor falls to comply with the Rule above. Finding on 8-27-2018: The front hall is 128 feet long and is provided with 9 wall sconce light fixtures. Seven of those fixtures had only a 7.5 watt incandescent bulb installed. The result was the hall was very dark even with all lighting turned on. PREFIX TAG CEACH DEPTICENCY MUST BE PRECEDED BY FULL TAG CEACH CORRECTIVE ACTION SHOULD BE COMPLETE CORRECTIVE ACTION SHOULD BE CORDS-REPERENCED TO THE APPROPRIATE CORRECTION SHOULD BE CORDS-REPEREN	BANAN	ASSISTED LIVING FA						
This Rule is not met as evidenced by: Based on observation, the lighting provided in the front corridor fails to comply with the Rule above. Finding on 8-27-2018; The front hall is 128 feet long and is provided with 9 well sconce light fixtures. Seven of those fixtures had only a 7.5 watt incandescent bulb installed. The result was the hall was very dark even with all lighting turned on. Light LEO bulbs have been put in to provide more to provide more light. To provide more light fixtures. What is a provided with 9 was very dark even with all lighting turned on. Manager will monitor on a dailys basic to ensure rule area.	PRIIFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL OROSS-REPERENCED TO THE APPRO	D BE	COMPLETE	
	C 197	This Rule is not me Based on observati front corridor falls to Finding on 6-27-20 The front hall is 126 9 wall sconce light: fixtures had only a installed. The resu	et as evidenced by: ion, the lighting provided in the comply with the Rule above. 18: 3 feet long and is provided with fixtures. Seven of those 7.5 watt incandescent bulb It was the hall was very dark		Manager will me on a dailys be to ensure rule of			