PRINTED: 11/01/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011133	B. WING		10/17/2018		
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE				
HASES	SAMARITAN ASSISTE						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				
C 000	Initial Comments		C 000				
	Biennial Construction Section Survey report by Frank Strickland on 10/17/2018:						
	Therefore, this facil conformance with t Carolina State Build for the Aged and In Standards and Reg portions of the 2005	It licensed on 02/01/1974. ity was surveyed for he 1967 edition of the North ding Code, the 1971 Homes firm Minimum Desired pulations and the applicable 5 Rules for Adult Care Homes fieds. The facility is licensed fo					
	Deficiencies have b Correction is requir	een cited and a Plan of ed.					
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189				
	maintained the plur operationing condit Findings on 11/17/2	ation, this facility has not nbing equipment in a safe and ion. 2018: cured to the floor in the	1				

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011133	B. WING		10/17/2018		
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE. ZIP CODE	10,		
HASE S	SAMARITAN ASSISTE	ED LIVING 30 DALE	A DRIVE				
		ASHEVII	LE, NC 28805				
(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) COMPLE DATE	
C 189	Continued From page 1		C 189				
	2-Based on observation, this facility has not maintained the plumbing equipment in a safe and operationing condition.						
	Findings on 11/17/2018: The Salon hair wash sink does not have a vacuum breaker for the hose and head set.						
	3-Based on observation, this facility has not maintained the mechanical equipment in a safe and operationing condition.						
		2018: haust system is not ⁄lain Janitor's Closet.					
		ration, this facility has not and operationing condition.					
		clean-out located at the Front in the floor about about 1"					

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