

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
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NAME OF PROVIDER OR SUPPLIER
SOUTHERN LIVING ASSISTED CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2060 WEST FIFTH STREET
GREENVILLE, NC 27635**

(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
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on August 29, 2018. Records indicate this facility was first licensed on 04/16/1984. The facility is currently licensed for 120 beds. 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 applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000		
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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on August 29, 2018: a. Exit near Bedroom 101 - while a room is being cleaned the hospital bed and other furniture is being stored in the corridor, obstructing the required six feet width corridor to 48-inches. Deficiency corrected before Construction	C 150	The obstructions/extension cords noted during the survey near the exit of Bedroom 101 were removed prior to the Construction Surveyor's departed the facility. The corridors will remain free of clutter at all times throughout the facility, allowing all residents, staff and visitors timely exit in case of an emergency. Maintenance staff will place all furniture and personal belongings of residents in an empty room/storage area during deep cleans to prevent obstruction of corridors. Cords used during maintenance will be stored in such a manner to prevent tripping hazards.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Paula L. Muckers

TITLE

Administrative

(X6) DATE

10-10-2018

Division of Health Service Regulation

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	The ceiling will be repaired in the Administrator's Office. Administrator is working closely with the owners in an attempt to repair the roof to the building, therefore, deleting/minimizing future leaks. Proposals for the roof repair have been received effective 10/1/2018. The proposals have been forwarded to the owners for the repair of the roof at Southern Living. October 12, 2018	(5) PLETS VTE
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C 164	<p>Continued From page 2</p> <p>2. Based on Observation, the facility failed to have ceilings kept clean and in good repair. Findings on August 29, 2018:</p> <p>a. Administrator Office - the ceiling is stained from a past leak.</p> <p>3. Based on Observation, the facility failed to have walls kept clean and in good repair. Findings on August 29, 2018:</p> <p>a. Bedroom 101 - the gypsum constructed outside corner in this room I damaged by well chair traffic.</p> <p>b. Bedroom 101 - the walls are marred up in this room.</p> <p>c. Bedroom 101 Shared Restroom - the door handle is very loose and may not function properly when used.</p> <p>d. Bathroom 121 - the tile base is cracked in the shower allowing water to enter the wall.</p> <p>e. Left Dining Room Entrance - the wall base is missing near the door.</p> <p>f. Middle Exit on Right Side - the handrail is loose, and may not support a 250 pound concentrated load.</p> <p>4. Based on observation, the facility has not kept the facility in a clean and orderly manner by allowing rodents in the facility to go unmanaged. Findings on August 29, 2018:</p> <p>a. Bedroom 101 Shared Restroom - a live roach is on the wall below the sink.</p> <p>b. Pantry - two live roaches were on the wall and several dead roaches were on the floor.</p> <p>c. TV Room 329 - a live roach is on the wall.</p> <p>5. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on August 29, 2018:</p>
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A weekly inspection will be completed by the Housekeeping Manger to ensure any problem areas are noted and reported to the Maintenance staff per the work order book maintained in the employee lounge. These work orders will be completed within 3 days, whenever possible.

All walls damaged by wheelchair damage will be repaired and painted. The wall base missing near the door of the left dining room entrance will be replaced. Door handles will be tightened to ensure proper functioning. The tile base in in the shower of Bathroom 121 which is damaged allowing water to enter the wall will be replaced; The handrail on the middle exit on the right side of the facility will be tightened to allow for safety of residents.

October 12, 2018

A weekly inspection will be completed by the Housekeeping Manger to ensure any problem areas are noted and reported to the Maintenance staff per the work order book maintained in the employee lounge. These work orders will then be completed within 3 days, whenever possible.

Precision Pest will continue to treat the building weekly on Wednesdays to prevent roach infestation. If infestation is noted between treatments, Precision Pest will be called out to spray the area of concern. Staff will continue to clean residents' room thoroughly removing any food or debris that may encourage roach activity. Housekeeping/ Maintenance staff will continue to meet with Precision Pest exterminator each Wednesday to inform the exterminator of potential trouble areas.

October 12, 2018; weekly

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C 164	Continued From page 3 a. Bedroom 120 Restroom - there is urine odor that persisted during the Construction Survey.		Housekeeping will be provided daily to thoroughly clean the residents' rooms/bathroom in an attempt to prevent chronic, pervasive odors, such as urine. A daily inspection will be completed by the Housekeeping Manger to ensure there is no presence of chronic, pervasive odors.	
C 168	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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 facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on August 29, 2018: a. Bedroom 204 - serval portable medical oxygen cylinders are standing up on the floor in plastic crates not physical secured in racks, stands or by chains. 2. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on August 29, 2018: a. Bedroom 115 - the connection of the commode to the floor is loose.			
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,		Oxygen tanks will be maintained appropriately in the oxygen room in specially made racks for the oxygen tanks. The oxygen maintained in the oxygen room inappropriately has been removed and picked up by the provider, as the oxygen is no longer needed by the resident. The connection of the commode to the floor in Bedroom 115 has been repaired. A weekly inspection will be completed by the Housekeeping Manager to ensure any problem areas are noted and reported to the Maintenance staff per the work order book maintained in the employee lounge. These work orders will then be completed within 3 working days, whenever possible.	September 3, 2018
				September 5, 2018

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C 189	<p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because obstruction impeded egress to a public way. This would affect all if they could not promptly exit during an emergency. Findings on August 29, 2018: a. Exit near RCC Office 207 - the fenced in patio's gate could not be opened. Deficiency corrected before Construction Surveyors departed site. b. Dining Room - the left exit appeared to be painted shut. Deficiency corrected before Construction Surveyors departed site. c. Dining Room - the right entrance way is restricted to 32 inch by a grand piano.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on August 29, 2018: a. Firewall near Bedroom 109 - the left leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. b. Firewall near Bedroom 128 - the left leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices</p>	C 189	<p>The obstructions noted near exit door by RCC's office and the left exit of the dining room were removed prior to the Construction Surveyor's departure from the facility. The grand piano has been moved over to allow prompt exit during an emergency.</p> <p style="text-align: right;">September 3, 2018</p> <p>The left leaf of the cross-corridor double-egress doors near Bedroom 109 and Bedroom 128 were repaired by Mousey's Corner effective 8/31/2018. Monitoring of the effectiveness of these doors will be conducted by the Administrator during the fire evacuation drill monthly.</p> <p style="text-align: right;">08/31/2018; monthly</p>	

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C 189	<p>Continued From page 6</p> <p>cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Corridor near Bedroom 101- the joint compound and joint tape on the one-hour fire-resistance-rated gypsum ceiling assembly boards is missing and cannot stop a fire.</p> <p>c. Corridor near Bedroom 108 - the exit sign base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>d. Bathroom 108 Water Heater Room - there is an open joint between the ceiling assembly and the wall assemblies not firestopped.</p> <p>e. Bathroom 108 Water Heater Room - there are gaps around three insulated pipes and one pipe not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>f. Laundry - the ventilation system base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>g. Corridor near Bedroom 126 - the exit sign base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>h. Maintenance Storage near Bedroom 130 - there several holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>i. Maintenance Storage near Bedroom 130 - an electrical cover plate does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>j. Bedroom 203 Restroom - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>k. RCC Office 207- the joint compound and joint tape has deteriorated on the one-hour fire-resistance-rated gypsum ceiling assembly boards and cannot stop a fire.</p>	C 189	<p>All gaps and the deteriorated joint compound and tape will be fire-stopped/repared. Maintenance workers will monitor for other such areas of concern during monthly building safety program.</p> <p style="text-align: right;">10/12/2018; monitored monthly</p>	

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C 189	<p>Continued From page 7</p> <p>i. Bathroom/Office Supply Area - the joint compound and joint tape has deteriorated on the one-hour fire-resistance-rated gypsum ceiling assembly boards and cannot stop a fire.</p> <p>m. Business Office 212 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>n. Nurse Station - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>o. Bedroom 213 Restroom - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>p. Bedroom 214 Restroom - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>q. Dining Room wall near Kitchen - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>r. Dining Room wall near Kitchen - there are two nail pops not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>s. Kitchen - there are multiple penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction.</p> <p>t. Kitchen - above the hood suppression system, the firestopped conduits had their sealant pulled out of the penetration of the fire-resistance-rated ceiling, leaving an unprotected openings.</p> <p>u. Kitchen Office - there is a gap around an insulated pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>v. Bedroom 232 Restroom - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>w. Activity Office 302 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>x. Activity Office 302 - the joint compound and joint tape has deteriorated on the one-hour fire-resistance-rated gypsum ceiling assembly boards and cannot stop a fire.</p> <p>y. Bedroom 308 Restroom - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>z. Corridor near Bedroom 309 - the joint compound and joint tape on the one-hour fire-resistance-rated gypsum ceiling assembly boards is missing and cannot stop a fire.</p> <p>aa. Bedroom 321 - the heat detector base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>bb. Bathroom 323 - the ventilation system base has dropped and does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>cc. TV Room 329 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>dd. TV Room 329 - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>ee. TV Room 329 - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>ff. Meeting Room 329 - there are gaps around cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>gg. Firewall near 331 - there is a gap around the hold open device not firestopped as it penetrates the fire-resistance-rated wall assembly</p> <p>hh. Electrical Room near Bedroom 331 - there is a flush mounted gypsum patched above the</p>	C 189		

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C 189	Continued From page 9 electrical that does not have the required joint tape and joint compound. ii. Records Room - the joint compound and joint tape has deteriorated on the one-hour fire-resistance-rated gypsum ceiling assembly boards and cannot stop a fire. jj. Records Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 29, 2018: a. Bedroom 101 - the corridor door did not latch into its frame when closed. Deficiency corrected before Construction Surveyors departed site. b. Bedroom 104 - the corridor door when closed has a 0-1/2 inch gap between the door leaf and the bottom of the header doorstop. c. Bedroom 106 - the corridor door when closed has a 0-1/2 inch gap between the door leaf and the bottom of the header doorstop. d. Bedroom 106 - the corridor door hits the floor, preventing it from closing and latching without using extra force. e. Bathroom 108 - the corridor door when closed has a 0-3/8 inch gap between the door leaf and the bottom of the header doorstop. f. Bathroom 108- the corridor door hits the floor, preventing it from closing and latching without using extra force. g. Meeting Room 126 - the corridor door replacement hardware did not cover the hole created for the pervious hardware installation. h. Bathroom 130 - the corridor door when closed has a 0-3/8 inch gap between the door leaf and the bottom of the header doorstop. i. Bedroom 135 - the corridor door hits the floor, preventing it from closing and latching without	C 189	The corridor doors will be repaired, as directed, for easy opening, as well as, for the safety of the residents. Maintenance workers will monitor for other such areas of concern during monthly building safety program. <p style="text-align: right;">10/12/2018; monitored monthly</p>	

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C 189	<p>Continued From page 10</p> <p>using extra force.</p> <p>j. Kitchen - the short service corridor door is missing its latch bolt.</p> <p>k. Bedroom 301 - the corridor door did not latch into its frame when closed.</p> <p>l. Bedroom 309 - the corridor door did not latch into its frame when closed.</p> <p>m. Bathroom 329- the corridor door when closed has a 0-1/2 inch gap between the door leaf and the bottom of the header doorstop.</p> <p>n. Bathroom 330 - the corridor door when closed has a 0-3/8 inch gap between the door leaf and the bottom of the header doorstop.</p> <p>o. Bedroom 333 - the corridor door replacement hardware did not cover the hole created for the pervious hardware installation.</p> <p>p. Bedroom 336 - the corridor door did not latch into its frame when closed</p> <p>q. Bedroom 335 - the corridor door did not latch into its frame when closed</p> <p>7. Based on observation the Building was not maintained in a safe, in good operating condition and Code compliant because doors took more opening force than allowed by North Carolina State Building Code. Findings on August 29, 2018: a. Bedroom 125 - the corridor door require more than 15 pounds of force to open the door. Deficiency corrected before Construction Surveyors departed site.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin</p>	C 189		
			<p>The corridor door in Bedroom 12, which required more than 15 pounds of force to open, was repaired while the Construction Surveyors were still present in the facility. Maintenance will monitor for these types of concerns weekly and will make the necessary repairs within 3 days, if possible.</p> <p style="text-align: right;">08/29/2018: monitored weekly</p>	

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C 189	Continued From page 11 Findings on August 29, 2018: a. Firewall near Bedroom 226 - the front leaf's panic hardware is missing its cover, where the vertical rod attaches. b. Firewall near Bedroom 308 - the left leaf's panic hardware is missing its cover, where the vertical rod attaches. c. Firewall near Bedroom 225 - the push of the right side panic bar did not release the door. Staff knows to pull up vertical rod. d. Firewall near Bedroom 205 - the push of the right side panic bar did not release the door. Staff knows to pull up vertical rod. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 29, 2018: a. Laundry - there is an electrical panel that had open slots where breakers had been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact. b. Housekeeping - there is an electrical switch missing its cover plate. c. Bedroom 120 Restroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. d. Maintenance Storage near Bedroom 130 - many items are stored in front of the electrical panel, blocking working access to the equipment. e. RCC Office 207 - there is a multiple plug adaptor without integral overcurrent protection plugged into an electrical power receptacle. f. Bedroom 273 - there is an electrical receptacle missing its cover plate. g. Bedroom 273 - a broken electrical receptacle is also missing its cover plate. h. Records Room - there is an electrical	C 189	The front leaf's panic hardware that was missing its cover on firewall near bedroom 226 and bedroom 308 will be replaced. Mousey's Corner repaired the right-side panic bar on the firewalls near Bedroom 225 and 205 effective 08/31/2018. Maintenance will monitor for these types of concerns weekly and will make the necessary repairs within 3 days, if possible. 08/31/2018-right side panic bars completed 10/12/2018 Cover plates that are broken or missing will be replaced. Breakers will be replaced in electric panel box in laundry room. The ground fault circuit interrupter electrical power receptacle will be repaired. The Maintenance Room near Bedroom 130 will be organized to allow easy access to the electrical panel. The multiple plug adaptor without integral overcurrent protection will be replaced, as needed. Maintenance staff will monitor for areas of concern such as this on a weekly basis. Repairs will be made within 3 working days, if applicable. 10/12/2018; monitored monthly	
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27836		
(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 12 receptacle missing its cover plate. 10. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 29, 2018: a. Bathroom near Bedroom 323 - the corridor door has a shower chair holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 11. Based on observation, the Building plumbing equipment was not in a safe and operating condition. This would affect all staff by not protecting them from unexpected scalding hot water Findings on August 29, 2018: a. Maintenance Storage near Bedroom 130 - the water heater is missing its pressure relief valve's pipe extension, extending to a safe location. b. Electrical Room near Bedroom 319 - the water heater is missing its pressure relief valve's pipe extension, extending to a safe location. c. Electrical Room near Bedroom 331 - the water heater pressure relief valve's pipe extension, is constructed with PVC piping which is not approve for this valve.	C 189	Bathroom doors will not be held open by any obstructions which prevents the rapid release of the door. Housekeeping manager will monitor for obstructions on a daily basis and remove the obstacles as needed, for the safety of all residents. Pressure release valves will be replaced on the maintenance storage room near Bedroom 130, the electrical room near bedroom 319 and electrical room near bedroom 331 for the safety of all. Maintenance staff will monitor for hazards such as this on a weekly basis. Repairs will be made within 3 working days, if applicable.	8/29/2018 10/12/2018; weekly
C 189	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	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	A. BUILDING: 01 (X2) MULTIPLE CONSTRUCTION B. WING:	(X3) DATE SURVEY COMPLETED 08/29/2018
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE 2060 WEST FIFTH STREET GREENVILLE, NC 27935 STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG C 199	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG C 199	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Continued From page 13

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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors.
Findings on August 29, 2018:
a. Bathroom 108 Water Heater Room - the exhaust ventilation system did not work.
b. Bedrooms 110/112 Adjoining Restroom - the required exhaust ventilation system did not work, and there is odor.
c. Laundry - the required exhaust ventilation system did not work, and there is a little odor.
d. Maintenance Storage near Bedroom 130 - the required exhaust ventilation system did not work, and there is odor.
e. Kitchen Housekeeping - the required exhaust ventilation system did not work, and there is odor.

The exhaust ventilation systems in bathroom 108 water heater room, in the adjoining restroom to bedrooms 110/112, the laundry room, the maintenance storage area near bedroom 130 and the kitchen housekeeping room will be repaired/replaced. Maintenance staff will monitor for hazards such as this on a weekly basis. Repairs will be made within 3 working days, if applicable.

10/12/2018; weekly

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