Division of Health Service Regulation

No. 1608_{RINT}P. 4/113/2018 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	COMPLETED		
				Ř	
HAL081051 B. WING				09/25/2018	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, OTTY, 8	STATE, ZIP CODE	
NANAS A	ASSISTED LIVING FA	CILITY # 3	LAND ROAL CITY, NG 28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAĞ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROV DEFICIENCY)	D BE COMPLETE
{C 000}	Initial Comments		{C 000}	,	
	Report of Biennial i by Ed Miller on 9-2:	Follow Up Construction Survey 5-2018.	,		
	Several deficiencies action is required.	s were not corrected. Further			
C 153	Exit Door Locks-Sir	ngle Hand Motion	C 153		
	exits are: (3) All exit door look a single hand motion without keys; and This Rule is not me 1. Based on obse provide exit door look a single hand me times without keys, staff, and visitors by the building during a New Finding on Sela. Exit by Room 2	of PHYSICAL Into for outside entrances and the easily operable, by the second of the easily operable, by the second of the easily operable, over the building did not coke that are easily operable, of the form the inside at all the easily operable, of the easily operable, or the easily operabl		exit Door by ro #2 has been rep with new lock of is work. Manager/SIC v monitor on a basics to ensur rule onea is m	vill 12/6/18
(C 164)		idle would release the door. Furnishings-Clean, Repaired	(C 164)	Title o die co	
Sheletan edil	FURNISHINGS (a) Adult care home (1) have walls, ceil	06 HOUSEKEEPING AND			
JIVISION OF H	ealth Service Regulation DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	AMEN A	+ mus o	A (XII) DATE

Other Owner/Monager

1000 Fisher Owner/Monager

1000 Fisher Owner/Monager STATE FORM

No. 1608 P. 5/11 PRINTED: 10/09/2018 FORM APPROVED

Divisi	on of Health Service R	eguiation			FORM): 10/09/2018 APPROVED
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG: 01	(X3) DATE	SURVEY
	<u> </u>	MAL081051	B. WING			R 25/2018
NAME (OF PROVIDER OR SUPPLIER	STREET	ADDRESS, OIT	Y, STATÉ, ZIP GODE		
NANA	S ASSISTED LIVING FA	FORES	AKLAND RO T CITY, NC			
(X4) II PREFU TAG	X / CEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.)	O Dec	(Xa) COMPLETE DATE
{C 164	f) Continued From page	ge 1	(C 164)			
	(2) have no chronic (3) have furniture of (e) This Rule shall; facilities. This Rule is not me 1. Observations rev	lean and in good repair; apply to new and existing t as evidenced by; paled that the facility did not		Room 20 the til	e e,	
	have walls, ceilings : good repair. Findings on 9-25-20	and floors kept clean and in		and repowers		
	b. The report from the revealed: There is a door frames in the reframes are rusting ar bottom in the half back half. On 9/25/20	ne 3/6/2018 Biennial Survey pattern of damaged metal sident bathrooms. The address of the deteriorating along the the between rooms at the 118, the follow-up Survey is been completed. A		The doors have be fixed 4 repaired or	n€	12/5/18
	revealed that the repl arrived c. Room 20 bath - or Survey revealed that	on with Administration accement parts had not 19/25/2018, the follow-up vinyl floor tiles had been ptable large joints between		Restroom 20 leak has been repaired) s	appro
	 Based on Observ keep plumbing system repair. New Findings on Sept a. Shared Restroom leaking onto the floor, b. Bathroom accross commode seat is very 	28- the commode is from Laundry - the		Tiolet Seat has be Secured to tiol-co Manager (SIC Will Monitor on a dai Dosse		a 5 18
(C 166)	Housekeeping-Mainta	ined Free of Hazards	(C 166)			
sion of He	with Service Regulation				$-\bot$	

No. 1608 PRIS. L. 10/09/2018 FORM APPROVED

г	Divisio	n of Health Service Re	egulation				M APPROVE	
	AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG: 01	(X3) DA	TE SURVEY	
	_	<u> . </u>	HAL081051	B. WING_		0.00	R 9/25/2018	
	NAME O	F PROVIDER OR SUPPLIER	STREET.	ADDRESS, Crim	, STATE, ZIP CODE		WEWED 10	-
L		ASSISTED LIVING FAC	FORES	AKLAND RO T CITY, NO			1	
	(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICE)	D DE	(A6) COMPLETE DATE	-
	(C 166	Continued From pag	ge 2	{C 186}				-
		hazards;	6 HOUSEKEEPING AND					
		hand grips could cau they moved or failed person using the han Findings on 9-25-201 a. Room 28 toilet roo is loose. On 9/25/201 revealed that the han	ealed that the facility was not hazards. Loose rails and se injury to the residents if to support the weight of the drail. 8: om - the handrail for the tollet 8, the follow-up Survey drail is still some loose.		Room28 Hoiletyoon handrail has been secured to tiplet	r r	12/4/18	,
		mirrors create sharp of Findings on 9-25-201: a. Dining room - the vat the bottom corner r	wall mirror has a large crack		Dining room min has been repaired	a-	12 5 18	
		vinyi tape was applied on either sides of the	up Survey revealed that thin I over the crack. The glass crack are in separate my not abate the sharp	,	Manager 4 SIC Wi Monitor on add basics	ill xily	z 5 1 8	
1	(C 189)	Building Equipment M	sintained Safe, Operating	{C 189}	אסטופט		,	
	,	SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS	YSICAL PLANT OTHER					

No. 1608 P. 7/11 PRINTED: 10/09/2018 FORM APPROVED

Division	of Health Service Re				FORM APP	PROVE(
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÈNCUA IDENTIFICATION NUMBER:				PLE CONSTRUCTION	(X3) DATE SUP	
		in an in the state of the state	A, BUILDIN	G: 01	OOMPLET	ED
<u> </u>		HAL081051	B. WING		R 09/25/2	040
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, OITY	, STATE, ZIP CODE	1 08/26/2	018
NANAS	ASSISTED LIVING FA		KLAND ROA			
		FOREST	CITY, NC 1	28043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REPERENCED TO THE APPRO DEFICIENCY)	LD BE cc	(X3) OMPLETE DATE
(C 189)	Continued From page	ge 3	(C 189)			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the exc	d all fire safety, electrical, imbing equipment in an adult maintained in a safe and apply to new and existing betting to existing facilities,				
	maintain the building safe condition. Holes through fire resistant fire and smoke to aportgin. Findings on 9-25-20 a. There was a hole the corridor ceiling o	ation there is a failure to y's fire safety systems in a s or gaps at penetrations t rated ceilings could allow gread beyond the area of 18: at the conduit penetration in utside of Room 19 which	·	Room 19 holes has been repaired Room 5 411 clos have also been	ve 12	3 8 5 8
	 There was a unse meets the ceiling in the This condition was re 	rated ceiling assembly, called gap where the wall the closets in room 5 and 11, evealed to be a pattern in on the front hall.		Room 5 411 clos have also been repaired	et 12	19 1 18
	maintain the facility's safe operating condit compartment could t	ation there is a failure to fire safety equipment in a tion. Occupants in the smoke se exposed to smoke or fire if		a il anese Genn		ورا ہے۔
	limit the spread of sn origin. Findings on 6-27-201	tely close and latch to help noke or fire to the area of 8:		Laurdry door has	5 14	5 1 8
	b. Bath across from is difficult to close, T closed. On 9/25/2018	laundry - the door drags and he door does not latch when 3, the follow-up Survey		Bath across from Laurdry door has been repaired Salon door has been to be a laurdry door has bee	seen 12	5 18
	d. Salon - the door to removed and the spa requirements for spa	ntinues to drag the floor. the salon had been ce does not meet the ces open to the corridor.On		put up; à ste w manager à ste w manifor on a daily l	12/2 12/2	5/18
VISION OF HEI TATE FORM	alth Service Regulation		···	/67623	If continuation she	not 4 of 5

_Divisior	of Health Service Re	egulation			FORM APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIA A. BUILDING	PLE CONSTRUCTION 3: 01	(XX) DATE SURVEY COMPLETED
		HAL081051	B. WING_		R 09/25/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY,	STATE, ZIP CODE	
NANAS .	ASSISTED LIVING FA		CITY, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (EFFICIENCY)	D BE COMPLETE
(C 189)	Continued From pa	ge 4	(C 189)		
	9/25/2018, the follow to this room.	w-up Survey revealed no door			
	Finding on 9/25/201 The door to the sup	ply closet was equipped with		The door has been	n repain
	a dead-bolt only and when closed.	could not automatically latch		and latches	125/18
{¢ 197}	General Lighting		{C 197}		
	minimum lighting sh (1) 30 foot-candle p (2) 10 foot-candle p (k) This Rule shall a facilities with the exa which shall not apply This Rule is not me Based on observation	required emergency lighting, all be as follows: lower for reading; lower for general lighting; and apply to new and existing ception of Paragraph (e) y to existing facilities. It as evidenced by: lon, the lighting provided in the comply with the Rule above.		Light has been a with higher water bulbs. Manager/SIC will monitor on a da	
	The front hall is 128 9 wall sconce light fit fixtures have 4.5 war lumens each, two of CFL bulbs providing watt incandescent bulbs all lighting turns with all lighting turns	feet long and is provided with xtures. Seven of those tt LED bulbs providing 350 those fixtures have 23 watt 8,000 lumens each, and a 60 ulb providing 1,600 lumens is that the hall is dark even d on. In addition the walls are color which adsorbs light		Manager/SIC Will Manager/SIC Will Manitor on a da basics to ensure all rule onas a met	l ila

Dec. 4. 2018 12:57PM NANA'S

No. 1608 P. 9/11

Υ, .

* * * Communication Result Report (Nov. 8. 2018 11:16PM) * * *

1) NANA 5 2) 0205691545

Date/Time: Nov. 8, 2018 10:49PM

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E. 11 Hang up or line fail
E. 21 No answer
E. 51 Essended mass. E-mail size

E. 2) Busy E. 4) No Tennimits annuetion

Here is the following for the following for the following followin

phili babasah stand/ bada bada yaga angg Bababasah yaga angga Bababasah yaga Dec. 4. 2018 12:57PM NANA'S No. 1608 P. 10/11

* * * Communication Result Report (Nov. 8, 2018 11:12PM) * * *

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Nama's Assisted Living gano cak land Read Faist city NC & Boys

To: Ed Miller

Here is the foc sorry for the delay.

Thank a Fish-From: Alina Fusher

Dec. 4. 2018 12:57PM NANA´S

No. 1608 P. 11/11

* * * Communication Result Report (Nov. 8. 2018 11:23PM) * * *

1) NANA 8 2) 5256691545

Date/Time: Nov. 8. 2018 10:57PM

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E. 2) Busy E. 4) No. 7-1-1-11 connection F. 4) No. 7-1-1-10 document in

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