STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL092182	B. WING		02/2	1/2019
OLIVER HOUSE 4230 WEN		DRESS, CITY, S IDELL BOUL _, NC 27591				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		n Biennial Surevey report by d Suzanna Fay conducted on				
	Home for the Ageda including a 31Bed S was surveyed for co applicable portions Licensing of Adult C Beds, and applicable (Revision 8) North C Code(s), Section 40 Regulations for Hor effect at time of initial	een cited and a Plan of				
C 148	Corridors-Handrails	;	C 148			
	(2) Handrails shall corridors at 36 inch	nts for corridors are: be provided on both sides of es above the floor and be ng a 250 pound concentrated				
	1-Based on observa	ation, this facility has failed to n both sides of the corridor				
		2019: nous handrail on the corridor a 404 and Dining Room in the				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL092182		B. WING		02/2	1/2019		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
OLIVER	HOUSE		NDELL BOUL L, NC 27591				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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 160	(1) The outside grofacilities shall be macondition; This Rule is not medu-Based on observation maintain the exterior condition. Findings on 02/21/2 The PTAC grille coverage of the process of the proc	PHYSICAL PLANT 05 PHYSICAL ents for outside premises are: bunds of new and existing aintained in a clean and safe et as evidenced by: ation, this facility has failed to or coverings in a safe 2019: ver on the exterior is not in	C 160				
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. This Rule is not me 1-Based on observa	Furnishings-Clean, Repaired PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing	C 164				

Findings on 02/21/2019: There is a 1" hole adjacent to the ceiling light in

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED 02/21/2019	
	HAL092182	B. WING		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE		

OLIVER HOUSE

4230 WENDELL BOULEVARD WENDELL NC 27591

OLIVER	VER HOUSE WENDELL, NC 27591					
(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 164	Continued From page 2	C 164				
	the front entrace lobby.					
C 166	Housekeeping-Maintained Free of Hazards	C 166				
	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, this facility has not been maintained in a orderly manner, free of hazardous obstructions.					
	Findings on 02/21/2019: There are oxygen bottles in Oxygen Storage Room/100 HALL that are free standing on the floor and not stored in approved racks.					
	2-Based on observation, this facility has not been maintained in a orderly manner, free of hazardous obstructions.					
	Findings on 02/21/2019: The attic access panel was partially installed in the attic access opening that is located in the IT Room/100 HALL. The panel was resting halfway on the opening framing and not secured, leaving an opening not fire protected and hazardous.					
C 189	Building Equipment Maintained Safe, Operating	C 189				
	SECTION .0300 - PHYSICAL PLANT					

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DRM CYNI21 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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			DRESS, CITY, S	STATE, ZIP CODE	•	
OLIVER	HOUSE		IDELL BOUL _, NC 27591			
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C 189	10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app This Rule is not mediate the shall facilities with the exwhich shall not app This Rule is not mediate the shall facilities with the exwhich shall not app This Rule is not mediate the fire sa operating condition Findings on 02/21/2 A sprinkler head is that is located in the Room 108/100 HAL 2-Based on observe maintain the life-sar operating condition Findings on 02/21/2 The corridor emergial illuminate when test located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located outside Room 3-Based on observe maintain the fire sar facility in a safe corridor emergial that is located in the Room 108/100 HAL 2-Based on observe maintain the life-sar operating condition	and all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing aception of Paragraph (e) ly to existing facilities. Let as evidenced by: ation, this facility has failed to fety components in a safe and ace left-hand side closet for LL. Lation, this facility has failed to fety components in a safe and ace left-hand side closet for LL. Lation, this facility has failed to fety components in a safe and ace left-hand side closet for LL. Lation, this facility has failed to fety components in a safe and ace left-hand side closet for LL. Lation, this facility has failed to fety components to keep the adition.	C 189			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL092182		B. WING		02/21/2019		
NAME OF I	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	, 02/2	.,2010
			IDELL BOUL	,		
OLIVER	HOUSE		_, NC 27591			
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C 189	Continued From pa	ge 4	C 189			
		stance rating since the prinkler system. And it was not was installed.				
		on, this facility has failed to components in a safe and				
		2019: supply for the gas water f in the Mechnical Room/300				
	5-Based on observation, this facility has failed to maintain fire saftey components in a safe and operating condition.					
	at the following loca (a) Room 108 Bathi	naust fans are not operational tions: room/100 HALL djacent to Room 211/200				
		ation, this facility has failed to components in a safe and				
	the pressure relief v	e019: ted for high temperation for valve for the water heater Mechnical Closet in the 300				
		ation, this facility has not rior door in a safe and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		B) DATE SURVEY COMPLETED	
		D WING					
		HAL092182	B. WING		02/2	1/2019	
NAME OF P	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
OLIVER I	HOUSE		IDELL BOUI _, NC 27591				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	not latch: (a) Mechanical Clos (b) Room 404/400 I (c) Room 114/100 I 8-Based on observamaintained the interpretating condition Findings on 02/21/2	2019: s are out of adjustment and do set/Spa Room/300 HALL HALL ation, this facility has not rior door in a safe and corrected by the series of the series o	C 189				

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