

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
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NAME OF PROVIDER OR SUPPLIER WILSON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3501 SENIOR VILLAGE LANE WILSON, NC 27896
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(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 000	<p>Initial Comments</p> <p>Report of a Construction Section Complaint Survey by Suzanna Fay conducted on March 8, 2019.</p> <p>Records indicate this facility was first licensed on April 1, 1985 as a HA. The facility is currently licensed for 88 with a 28 Bed Special Care Unit. 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 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>There were two complaints called in regarding the facility. One was that staff did not carry keys to the padlock on the gate in the enclosed SCU courtyard. Interviews with two staff members on duty found that both staff carried the keys on their shift and when tested, the key unlocked the padlock. Therefore, this complaint is unsubstantiated.</p> <p>The second complaint was that snakes had entered Room 301 in the fall of 2018. No snakes were found in the facility during the time of survey. Therefore, this complaint is unsubstantiated.</p>	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____