

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2019
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NAME OF PROVIDER OR SUPPLIER GOLDSBORO ASSISTED LIVING & ALZHEIMEI	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO, NC 27534
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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>Biennial Construction Section Survey report by Frank Strickland conducted on 04/09/2019:</p> <p>This facility was first licensed on 04/15/1984 and is currently licensed for 56 Beds including a 24 Beds Special Care Unit. Therefore, this facility was surveyed for conformance with the 1984 Homes For the Aged and Disabled Minimum Standards and Regulations, 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, Institutional Occupancy.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, 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, this facility has not maintained the for exhaust venting for appliances in a safe and operation condition.</p> <p>Findings on 04/09/2019: The dryer venting that penetrates the exterior wall</p>	C 189		

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

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C 189	Continued From page 1 in the Main Laundry Room is not sealed allowing cold outside air and other elements to enter the space.	C 189		