Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		A. BUILDING: 01								
		HAL081042	B. WING		F 04/1	R 6/2019				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE							
1600 U.S. HIGHWAY 221 S.										
SUNNYS	SUNNYSIDE RETIREMENT HOME FOREST CITY, NC 28043									
()(4) ID	CLIMMADV CTA		· ·	PROVIDER'S PLAN OF CORRECTION)NI	(X5)				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE					
{C 000}	Initial Comments		{C 000}							
	Report of Biennial Follow Up Construction Survey by Dennis Harrell on 4-16-2019.									
	Some deficiencies were not corrected. Further action is required.									
{C 166}	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.		{C 166}							
	maintained in a safe handling portable m could affect all resic cylinders fall, break cylinder and turning Findings on 4-16-20 b. Several portable were stored in an u c. Several portable	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the git into a dangerous projectile.								
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}							
	SECTION .0300 - F 10A NCAC 13F .03									

REQUIREMENTS

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

(X6) DATE TITLE

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S.	1141 004049		B WING										
1600 U.S. HIGHWAY 221 S.						04/1	6/2019						
1600 U.S. HIGHWAY 221 S.													
SUNNYSIDE RETIREMENT HOME FOREST CITY, NC 28043													
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	.D BE	(X5) COMPLETE DATE						
(C 189) Continued From page 1 (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. This Rule is not met as evidenced by: 1. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Finding on 4-16-2019; e. The door to bedroom 18 will not latch when closed.	{C 189}	(a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app. This Rule is not med. Based on observare prevented from resist the passage of doors that do not clapresent the possibil one space can quick the remainder of the Finding on 4-16-20 e. The door to bediese the shall be also bediese the possibility of the remainder of the Finding on 4-16-20 e. The door to bediese the shall be also bediese the possibility of the shall be also bediese the possibility of the shall be also bediese the possibility of the shall be also be also bediese the possibility of the shall be also	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and . apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in ekly spread to the corridor and e facility.	{C 189}									

Division of Health Service Regulation STATE FORM