

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2019
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NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591
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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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 8, 2019.</p> <p>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.</p>	{C 000}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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: 3-Based on observation, this facility has failed to maintain the fire safety components to keep the facility in a safe condition.</p> <p>There is a 12" flex duct which transitions to a 12" x 12" duct and penetrates through the masonry wall in the attic. At the time of survey, staff did not know when the duct was installed. It was also not known if the masonry wall still is required to carry a two-hour fire resistance rating since the installation of the sprinkler system. And it was not known if a damper was installed.</p> <p>Findings on 05/08/2019: During the follow up survey, the location of the duct could not be found.</p> <p>5-Based on observation, this facility has failed to</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 maintain fire safety components in a safe and operating condition. Findings on 05/08/2019: The mechanical exhaust fans are not operational at the following locations: (c) Room 304/300 HALL	{C 189}		