	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED	
		HAL078084	B. WING		05/	05/30/2019	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE			
	TON ASSISTED LIVI	550 BAIL	EY ROAD				
		LUMBER	TON, NC 283	59		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		uction Section Biennial Survey cted on May 30, 2019.					
	on June 21, 1986. <i>J</i> on 04/05/1994. The for One Hundred an includes a 39 bed 5 the above informati meet the 1984 Mini and Regulations for Disabled; the applic Rules for Adult Car Beds; and the 1978 Code Section 409-						
	Deficiencies were of Correction.	tited that require a Plan of					
C 101	Existing Licensed F	Fac- No less than '71 Rules	C 101				
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effective change in service of renovation, or alterative the requirements for no addition or renovithan those requirements	01 APPLICATION OF					

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	a. Building: C)1	COM	PLETED
		HAL078084	B. WING		05/	30/2019
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
UMBEF	RTON ASSISTED LIVIN	NG	EY ROAD TON, NC 283	59		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 101	Continued From pa	ge 1	C 101			
		omes for the Aged and Infirm", available at the Division of ulation at no cost;				
	meet the provisions Building Code whic or fire detecting dev Findings on May 30 a. Corridor betwee Wing; Documentati no fire alarm detect b. Corridor betwee Wing; Business Off detection installed i c. Corridor betwee	rvation the facility failed to of the 1978 NC State h required sprinkler systems vices be installed in all spaces. 0, 2019: en SCU wing and Dogwood on Room Restroom - there is ion installed in this space. en SCU wing and Dogwood ice - there is no fire alarm n this space. en SCU wing and Dogwood r Office Closet - there is no fire				
C 154	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (h) The requirement exits are: (4) In homes with a determined by a ph to be disoriented or accessible by reside sounding device that opened. The sound that it can be heard of remote sounding control panel for the the office of the adm	PHYSICAL PLANT	C 154			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION		E SURVEY PLETED
		HAL078084	4 B. WING		05/30/2019	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
LUMBER	TON ASSISTED LIVI	NG	EY ROAD TON, NC 283	59		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 154	Continued From pa	ge 2	C 154			
	administrator to ope	erate the control panel.				
	provide exit doors to residents equipped activated when the Findings on May 30 a. SCU Wing From Interior Location - to exit had a non-work over the emergency residents unrestrict unlocks that exit. In notification device. b. SCU Wing Cor "Special Locking Sy alarmed protective release switch. This access to the switc addition, the exit hat c. SCU Wing Cou Locking System" ex protective cover over switch. This allows	ervation, the facility failed to hat are accessible by with sounding devices that door opens.), 2019: nt Cross-Corridor Entrance his "Special Locking System" king alarmed protective cover y release switch. This allows ed access to the switch that addition, the exit had no other ridor Front Entrance - this ystem" exit had a non-working cover over the emergency s allows residents unrestricted h that unlocks that exit. In ad no other notification device. urtyard Gate - this "Special kit had a non-working alarmed er the emergency release residents unrestricted access nlocks that exit. In addition, the				
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS	06 HOUSEKEEPING AND	C 164			
	coverings kept clea(2) have no chronid(3) have furniture of	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				

STATE FORM

YNM321

If continuation sheet 3 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED	
		HAL078084	B. WING		05/	05/30/2019	
AME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE			
UMBEF	TON ASSISTED LIV	ING	LEY ROAD RTON, NC 283	59			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
C 164	Continued From p facilities.	age 3	C 164				
	 Based on observation of kept clean and Findings on May 3 Corridor betwee Cardinal Wing, the there is a hole about b. SCU Wing Be 	0, 2019: een Dogwood Wing and e Right most Exterior Exit -					
C 166	SECTION .0300 - 10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards;	intained Free of Hazards PHYSICAL PLANT 306 HOUSEKEEPING AND les shall: in an uncluttered, clean and ee of all obstructions and I apply to new and existing	C 166				
	1. Based on Obs maintained free of fall, breaking their and turning it into a Findings on May 3 a. Cardinal Wing portable medical o up on the floor in a	net as evidenced by: ervation, the Building was not hazards, if oxygen cylinders valves, propelling the cylinder, a dangerous projectile. 0, 2019: Mechanical Room - seven xygen cylinders are standing an unapproved plastic crate no in racks, stands or chained to	t				

Division of	of Health Service Re	gulation			TORMA	PPROVEI
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01	(X3) DATE S COMPLE	
		HAL078084	B. WING		05/30	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	TON ASSISTED LIVIN	NG	EY ROAD			
		LUMBER	TON, NC 283			
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 183	Continued From pa	ge 4	C 183			
C 183	Fire Extinguishers		C 183			
	A-B-C type fire extin 2,500 square feet o (b) One five pound or CO/2 type is requ applicable, in the m This Rule is not me 1. Based on obse properly maintain th associated equipme ability to extinguish grow larger. This we and visitors by not i equipment not in pr Findings on May 30 a. SCU Wing Dini	et as evidenced by: rvation, the facility failed to he fire extinguishers and ent. This could hamper staff's a small fire and permit it to ould affect all residents, staff, dentifying emergency oper working order. 0, 2019: ng - the portable fire al maintenance was last				
C 188	Electrical Outlets in	Wet Locations	C 188			
	All adult care home locations at sinks, b	PHYSICAL PLANT 10 ELECTRICAL OUTLETS electrical outlets in wet pathrooms and outside of ground fault interrupters.				
	provide electrical ou bathrooms and outs fault interrupters. The	et as evidenced by: ervation, the facility failed to utlets in wet locations at sinks, side of building with ground his would affect residents, y not providing ground fault				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL078084	B. WING		05/30/2019	
AME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST	IATE, ZIP CODE		00/2013
UMBER	TON ASSISTED LIVI	NC	EY ROAD TON, NC 283	59		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 188	Continued From pa	age 5	C 188			
	receptacle, left of the sink and does not p The following recept power when tested circuits or receptact located during the s b. Dogwood Wing circuit-interrupter ((receptacle did not no pushed. c. Corridor betwee Wing Documentation ground-fault circuits power receptacle did button is pushed. d. SCU Wing Em ground-fault circuits	D, 2019: Bedroom 9 - a electrical power he sink, is within six feet of the provide ground fault protection. Dtacles properly interrupted , but the location where the eles could be reset was not				
C 189	SECTION .0300 - I 10A NCAC 13F .03 REQUIREMENTS (a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			

If continuation sheet 6 of 11

ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
				05/30/201	
				05/	30/2019
JER OR SUPPLIER			ATE, ZIF CODE		
ASSISTED LIVI	NG		59		
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
tinued From pa	ige 6	C 189			
Based on obse ntained in a saf rs automatic clo s could affect all taining smoke a in. lings on May 30 Corridor betwe g Documentation is room penetra er is removed. Based on obse not maintained dition. This wou y detection and em. lings on May 30 Corridor betwe g; Conference a	rvation, the facility was not e manner by having fire rated ose to contain smoke and fire. I residents and staff by not and fire in the fire room of 0, 2019: en SCU wing and Dogwood on Room Restroom - the door ates the Firewall and the door rvation, the Fire Alarm system I in a safe and operating Id affect all by not providing activating the fire alarm 0, 2019: en SCU wing and Dogwood Room - the fire alarm system's ngling from the ceiling by its				
ntained in a saf ause the door(s oke barrier did n estrict fire and s dents, staff, and oke of the fire in lings on May 30 SCU Wing Smo ble-egress cros omatically close ased the doors.	e and operating condition, b) protecting the opening in the not close completely and latch moke. This could affect all d visitors by not containing the the compartment of origin. b), 2019: bke Barrier - the left leaf, of the s-corridor doors, did not when the fire alarm system				
	DER OR SUPPLIER ASSISTED LIVII SUMMARY STA (EACH DEFICIENCY REGULATORY OR L tinued From pa a Rule is not me Based on obse ntained in a saf rs automatic clo a could affect all taining smoke a could affect all taining smoke a ings on May 30 Corridor betwee g Documentatio ar is removed. Based on obse not maintained dition. This would y detection and em. lings on May 30 Corridor betwee g; Conference I t detector is dar er/operational would based on obse natined in a saf ause the door(s based on May 30 CORFICE CONTROL STATE CONFERENCE I t detector is dar er/operational would based on obse natined in a saf ause the door(s based on May 30 SCU Wing Smo based the doors. Cardinal Wing	HAL078084 DER OR SUPPLIER STREET AL ASSISTED LIVING 550 BAIL LUMBER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Comparison of the	HAL078084 B. WING DER OR SUPPLIER STREET ADDRESS, CITY, ST ASSISTED LIVING STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Ings on May 30, 2019: Coridor between SCU wing and Dogwood g; Conference Room - the fire alarm system's t detector is dangling from the ceiling by its er/operational wires. Based on observation, the Building was not nationed in a safe and operating condition, ause the door(s) protecting the opening in the ke barrier did not close completely and latch estrict fire and smoke. This could affect all dents, staff, and visitors by not containing the ke of the fire in the compartment of origin. Ings on May 30, 2019:	HAL078084 B. WING DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASSISTED LIVING 550 BALLEY ROAD LUMBERTON, NC 28359 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCY TAG Inued From page 6 C 189 I: Rule is not met as evidenced by: Based on observation, the facility was not trained in a safe manner by having fire rated rs automatic close to contain smoke and fire. could affect all residents and staff by not aining smoke and fire in the fire room of in. (Ings on May 30, 2019: Corridor between SCU wing and Dogwood g Documentation Room Restroom - the door is room penetrates the Firewall and the door er is removed. Based on observation, the Fire Alarm system not maintained in a safe and operating dition. This would affect all by not providing y detection and activating the fire alarm ern. Iings on May 30, 2019: Corridor between SCU wing and Dogwood g; Conference Room - the fire alarm system's to detector is dangling from the ceiling by its er/operational wires. Based on observation, the Building was not trained in a safe and operating condition, ause the door(s) protecting the opening in the ke barrier di not close completely and latch strict fire and smoke. This could affect all fents, staff, and visiors by not containing the ke of the fire in the compartment of origin. Ings on May 30, 2019: SCU Wing Smoke Barrier - the left leaf, of the ble-egress cross-corridor doors, did not matically close when the fire alarm system ased the doors. Cardinal Wing - the cross-corridor	HAL078084 B. WING 05/ DER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 550 BAILEY ROAD ASSISTED LIVING STREET ADDRESS. CITY, STATE, ZIP CODE 550 BAILEY ROAD SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION GEACH DEFICIENCY WIST BE FREECEDED BY FULL PEEPX FROACH CORRECTION REQUATORY OR LSC IDENTIFYING INFORMATION PEEPX FROACH CORRECTION Tage C 189 C 189 Insued From page 6 C 189 Rule is not met as evidenced by: Based on observation, the facility was not trained in a safe manner by having fire rated is audomatic close to contain smoke and fire. C 189 Corridor between SCU wing and Dogwood g Documentation Room Restroom - the door is room penetrates the Firewall and the door er is removed. Based on observation, the Fire Alarm system not maintained in a safe and operating ithin. This would affect all by not providing y detector is dangling from the ceiling by its er/operational wires. Based on observation, the Building was not trained in a safe and operating outding, ause the door(s) protecting the opening in the ke barrier did not close completely and latch shire fire and smoke. This could affect all by not providing y collector is dangling from the ceiling by its er/operational wires. Based on observation, the Building was not trained in a safe and operating in the ke barrier did not close completely and latch shire fire and may 30, 2019: Corridor between SCU wing and Logwood gis Conference Room - the fire alarm system is the dore(s

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		E SURVEY PLETED
		HAL078084	B. WING		05/	30/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		00/2010
UMBER	TON ASSISTED LIVI	NG	EY ROAD TON, NC 283	59		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	 released the doors 6. Based on obse safety was not main condition. This count not contained in roo Findings on May 30 a. Cardinal Wing there is a small gat detector not firestoo fire-resistance-rate b. Cardinal Wing 	when the fire alarm system ervations, the Building fire ntained in a safe and operating ild expose all to fire/smoke if om of origin. 0, 2019: Storage near Bedroom 32 - p at the base of the heat pped as it penetrates the ed ceiling assembly. Water Heater Room in - there is a 3/8 inch hole not enetrates the	C 189			
	at the base of the e they penetrate the assembly. e. SCU Wing Bee the base of the hea penetrates the fire- assembly. f. SCU Wing How with conduit not fire fire-resistance-rate g. SCU Wing Sm is a small gap at the firestopped as it per fire-resistance-rate 7. Based on obse maintain the electrr Findings on May 3	oke Barrier Back Side - there be base of the exit sign not enetrates the ed ceiling assembly. ervation, the Facility failed to ical system. 0, 2019: cooler and freezer light switch				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0 '	CONSTRUCTION 1		E SURVEY PLETED
		HAL078084	B. WING		05/30/2019	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
	TON ASSISTED LIVI	550 BAI	LEY ROAD			
	TON ASSISTED LIVII	LUMBER	RTON, NC 2835	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 8	C 189			
	maintained in a safe because the corrido passage of smoke. positively/automatic under normal closin residents, staff, and latch to contain smo Findings on May 30 a. Dogwood Wing door's latch bolt is i door cannot close a is retracted with the b. Dogwood Wing does not latch into i c. SCU Wing Bed does not latch into i d. SCU Wing Med latch bolt is installed cannot close and la retracted with the h f. SCU Wing Bed	cally latch into their frame ng force. This could affect all d visitors if the doors did not oke/fire in the room of origin. 0, 2019: Deaton Suite - the corridor installed backwards, and the and latch unless the latch bolt handle. Bedroom 8 - the corridor door its frame when closed. room 21 - the corridor door ts frame when closed. dication Prep - the corridor into its frame when closed. room 19 - the corridor door's d backwards, and the door tch unless the latch bolt is				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n requirement does n	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage;				

				CONCEPTION		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
		HAL078084	B. WING		05/	30/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
LUMBER	TON ASSISTED LIVI	N(
		LUMBER	TON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLETI DATE
C 199	Continued From pa	ge 9	C 199			
	facilities with the ex- which shall not app This Rule is not me 1. Based on Obse plastic sheet, the fa- ventilation system in could affect all resid preventing the exha Findings on May 30 a. Cardinal Wing required exhaust ve did not remove the dissipate the odors b. Dogwood Wing required exhaust ve did not remove the dissipate the odors c. Corridor betwee Wing Documentation Restroom Men - the system did not work d. SCU Wing Soill exhaust ventilation	closets; and apply to new and existing icception of Paragraph (e) ly to existing facilities. et as evidenced by: ervation and testing with a thin cility failed to maintain the n proper working order. This dents, staff, and visitors by austing of odors. 0, 2019: Bedroom 42 Bathroom - the entilation system is running but required amount of air to Employee Restroom - the entilation system is running but required amount of air to Employee Restroom - the entilation system is running but required amount of air to En SCU wing and Dogwood on Room Restroom Guest e required exhaust ventilation				
C 201		-	C 201			
		11 OTHER d facilities without live-in staff, ated call system shall be				

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED	
		HAL078084	B. WING		05/	05/30/2019	
AME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	IATE, ZIP CODE		00/2010	
UMBEF	RTON ASSISTED LIVI	NG	EY ROAD				
		LUMBER	TON, NC 283			()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
C 201	Continued From pa	age 10	C 201				
	system activator sh activated with a sin deactivated by staf system activator sh resident lying on th (k) This Rule shall facilities with the ex- which shall not app This Rule is not m 1. Based on Obse operated call syste call for assistance affect all residents, notify staff that ass Findings on May 30	apply to new and existing kception of Paragraph (e) bly to existing facilities. et as evidenced by: ervation, the electrically m did not provide the ability to when activated. This could and staff if the system fails to istance is requested.					