(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL053028 07/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Construction Section Biennial Survey report by Frank Strickland conducted on 07/19/2019: This facility was licensed on 06/12/1995 for 50 beds. Based on this information, this facility is required to meet the 1993 Rules for the Licensing of Domiciliary Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds: and the 1991 North Carolina State Building Code, Section 409.1 Group I-Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required. C 110 C 110 Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
	HAL053028		B. WING		07/1	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYAL OAKS ASSISTED LIVING			THAGE STR D, NC 27350			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 110	Continued From pa	ge 1	C 110			
	records, the facility The "Rules Govern Nursing and Rest I Sanatoriums, and E Institutions". Specif [which requires tha taken to keep ver breeding and prese facility did not have bed bugs from bein Findings on 07/19/2 Interviews with staf bed bug policies in that a exterminator	ation, interview and review of was not in compliance with ing the Sanitation of Hospitals, domes, Sanitariums, Educational and Other ically 15A NCAC 18A .1317 (a) to Effective measures shall be min out of and to prevent their ence on the premises. The effective measures to prevent g present on the premises.  2019:  f revealed that they had no place to date. The ADM stated has been to the facility but tion reports to document the				
	An inspection of the findings listed below	e following rooms indicate the v:				
		d bugs were observed on the oard and under the sheets. d bugs on linens.				
	records, the facility The "Rules Govern Nursing and Rest I Sanatoriums, and E Institutions". Specif [which requires that taken to keep ver breeding and prese facility did not have	ation, interview and review of was not in compliance with ing the Sanitation of Hospitals, domes, Sanitariums, Educational and Other ically 15A NCAC 18A .1317 (a) If Effective measures shall be min out of and to prevent their ence on the premises. The effective measures to prevent oresent on the premises.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· /				(3) DATE SURVEY COMPLETED	
	HAL053028		B. WING		07/1	9/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ROYAL O	DAKS ASSISTED LIVI	NG	THAGE STR D, NC 27350				
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 110	Continued From pa	ge 2	C 110				
	Findings on 07/19/2019: Roaches were found at the Staff Lounge behind the refrigerator and staff informed the surveyor that the roaches come out at night around the Kitchen area.						
C 160	Outside Premises-0	Clean, Safe	C 160				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;						
	This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to keep the grounds in a clean and safe condition.						
		2019: es blocking the sidewalk and of the EAST HALL corridor					
		ation, this facility has failed to a clean and safe condition.					
		2019: e limb that is located outside Kitchen in the grounds					
		ation, this facility has failed to a clean and safe condition.					
	Findings on 07/18/2	2019:					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL053028	B. WING		07/19/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	0771	3/2013
		1107 CAR	THAGE STR			
ROYAL C	DAKS ASSISTED LIVI	NG SANFORE	), NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	LD BE COMPLETE	
C 160	Continued From pa	ge 3	C 160			
	The gutter is damage backside of the WE	ged that is located at the EST HALL.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
	Findings on 07/19/2 The Kitchen floors	ation, this facility has not kept d in good repair.  2019: are dirty and have excessive the food prepartion areas and				
C 166	Housekeeping-Main SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	ntained Free of Hazards PHYSICAL PLANT 06 HOUSEKEEPING AND	C 166			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
	HAL053028		B. WING		07/1	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYAL (	DAKS ASSISTED LIVI	NG	THAGE STR D, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 4	C 166			
	This Rule is not met as evidenced by: Based on observation, this facility has failed to be maintained in an orderly manner,free of all obstructions and hazards.					
	Findings on 07/19/2 1- The Kitchen rang build-up and food d	ge has excessive grease				
	2- The is mold build-up on the inside sides of the 3-compartment dish wash sinks.					
	3- The carpet is frayed at the threshold area that represents a trip hazard at Room 15.					
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
		ation, this facility has failed to fety components in a safe and				
		of/ceiling assembly has been e Sprinkler Riser Room due to				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		HAL053028	B. WING		07/1	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BOYAL (	NAVE ACCICTED LIVII	1107 CAR	THAGE STR	EET		
RUTAL	OAKS ASSISTED LIVII	SANFORE	O, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
	caused the remova	to the sprinkler piping has I of a fire damper assembly ne make-up air for a gas				
	Riser Room has res	ing repair in the Sprinkler sulted in a sprinkler that has plugged leaving the area				
		ation, this facility has failed to fety components in a safe and				
	Findings on 07/19/2 The exit sign is not outside Room 13.	2019: illuminated that is located				
		ation, this facility has failed to fety components in a safe and				
	Findings on 07/19/2 The audio/visual fire to the wall outside t	e alarm device is not secured				
		ation, this facility has failed to fety components in a safe and				
	Findings on 07/19/2 The fire extinguished in-house on a mont	ers are not being inspected				
		ation, this facility has failed to g in a safe and operating				
	Findings on 07/19/2 The following location	2019: ons have doors that were				

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	HAL053028		B. WING		07/1	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROYAL (	DAKS ASSISTED LIVI	NG	THAGE STR D, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	passage of fire and (a) Employee Loun (b) Vending Room (C) Kitchen Pantry  6-Based on observe maintain the building condition.  Findings on 07/19/2 The following locating adjustment and dopassage of fire and (a) Storage Room/A (b) Kitchen Entry  7-Based on observe maintain the building condition. Failure to doors the Building of hazardous/incident occupants to fire and Findings on 07/19/2 The door leading in Kitchen is a fire-rate the door closure repassage of fire and 8-Based on observe maintain the plumb operating condition  Findings on 07/19/2 The water tempera Mechanical Room in the plumb operating condition of the	n position that would allow the /or smoke: ge ation, this facility has failed to g in a safe and operating 2019: ons have doors are out of no latch that would allow the /or smoke: WEST HALL ation, this facility has failed to g in a safe and operating on maintain auto closing on Code requires to separate al use areas could expose and smoke. 2019: to the Dining Hall from the ed door that recently has had moved that would allow the /or smoke: ation, this facility has failed to ing components in a safe and . 2019: ture mixing valve in the s in disrepair and corroded.	C 189	DEFICIENCY)		
		ation, this facility has failed to ing components in a safe and				

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL053028	B. WING		07/1	9/2019
	PROVIDER OR SUPPLIER  DAKS ASSISTED LIVII	1107 CAR	DRESS, CITY, S THAGE STR D, NC 27350	TATE, ZIP CODE <b>EET</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	operating condition. Findings on 07/19/2 The Salon hair was a vacuum breaker.  10-Based on obsermaintain the ventila operating condition. Findings on 07/19/2 The exhaust fan locarea has the followi (a) Non-operational	2019: th sink sprayer does not have wation, this facility has failed to tion systems in a safe and 2019: cated at the Kitchen can wash ng disrepair: creening for the blades	C 189			
C 195	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex which shall not app.  This Rule is not me 1-Based on observations	system shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees apply to new and existing ception of Paragraph (e) ly to existing facilities.	C 195			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED	
		HAL053028	B. WING 07/		19/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROYAL O	AKS ASSISTED LIVII	NG	THAGE STR D, NC 27350			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 195	throughout the facil 140 Degrees Fahre	2019: throom water temperatures ity recorded temperatures at	C 195			

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