	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			B. WING		07/	04/0040
	PROVIDER OR SUPPLIER	HAL054062	DDRESS, CITY, ST		077	24/2019
			SE VISTA ROA			
	NASSISTED LIVING	KINSTO	N, NC 28504			1
(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 000	Initial Comments		C 000			
		uction Section Biennial Survey nducted on July 24, 2019.				
	April 1, 1985. The fa 60 Beds. Therefore conformance with the Adult Care Homes applicable portions Edition of the North Institutional Occupation Licensing of Adult C	is facility was first licensed on acility is currently licensed for the facility was surveyed for he 2005 Rules for Licensing of of Seven or More Beds and of the 1978 (Revision 5) Carolina Building Code(s), ancy, and the 1984 Rules for Care Homes of Seven or More e time of initial licensure.				
	Deficiciencies were Corrections is requi	cited and a Plan of ired.				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
		ds revealed that the facility did and building safety inspection				
	inspection report was b. The most currer	, 2019: rrent local fire official's as not available for review. It annual fire alarm system vailable was dated April 17,				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		E SURVEY PLETED
		HAL054062	B. WING		07/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
KINSTON	ASSISTED LIVING		OSE VISTA ROA N, NC 28504	AD		
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 160	Continued From pa	ge 1	C 160			
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro	05 PHYSICAL ents for outside premises are: bunds of new and existing aintained in a clean and safe				
		et as evidenced by: vealed that the outside naintained in a clean and safe				
	fallen off outside of storms.	s of the exterior soffit had Room 113 during the recent exterior soffit is sagging				
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 c	06 HOUSEKEEPING AND				
	This Rule is not me 1. Observations rev	et as evidenced by: /ealed that the furnishings				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1	COM	PLETED
		HAL054062	B. WING		07/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
KINSTON	ASSISTED LIVING		SE VISTA ROA N, NC 28504	D		
(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 T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2	C 164			
	were not kept clean and in good repair.					
	the drawers on the the drawers were o b. Room 114 - the does not close com privacy when bathir c. Room 203 - the hard to open. d. Room 209 - one three knobs were b cabinet.	e knobs were missing from built-in cabinet and most of ff of their track. bathroom door is sticking and pletely and will not allow for ng or using the bathroom. bathroom door is sticking and drawer face was missing and roken off of the built-in drawer faces were missing or				
	Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.					
	wall beside the bath b. Room 201 Bath the door is peeling c. Room 204 - the finish is peeling off yellow water stains damaged area.	cove base is falling off of the nroom door. - the cove base to the right of off of the wall. ceiling is cracked and the over the first bed. There are on the ceiling around the				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i	06 HOUSEKEEPING AND				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
			B. WING		07/	04/0040
	PROVIDER OR SUPPLIER	HAL054062	DDRESS, CITY, ST		07/	24/2019
			SE VISTA ROA			
KIN5TU	N ASSISTED LIVING	KINSTO	N, NC 28504			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 166	Continued From pa	ge 3	C 166			
	hazards;	e of all obstructions and apply to new and existing				
	This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Broken and damaged furnishings leave sharp or rough edges that could cause injury to residents, staff or visitors.					
	broken leaving the b. Room 201 - the	, 2019: - one of the towel bars was hard metal bracket exposed. right closet has a small hole ir ough, splintered edges.	1			
	maintained free from without any means from falling or being	vation the facility was not m hazards. Oxygen bottles of restraint to prevent them g knocked over may present a pants of the facility.				
	in the closet is upsid b. Room 206 - ther sitting on the counte c. Nurses' Station -	, 2019: of the oxygen bottles stored de down in the plastic rack. re is one loose oxygen bottle ertop in the bedroom. - there are two loose oxygen e floor under the nurse station				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an					

STATE FORM

BHRZ21

If continuation sheet 4 of 10

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
	HAL054062	B. WING		07/	24/2019
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ASSISTED LIVING			D		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
Continued From pa	ge 4	C 189			
 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 the facility did not 					
equipment in safe c effect occupants of exits were not illum Findings on July 24	operating condition. This could the facility if egress paths and inated during a power outage. , 2019:				
illuminate on test. b. The emergency from the Nurses' St c. Dining Room - th	light in the corridor across ation did not illuminate on test ne emergency light in the back				
a. The facility had a not fully functioning missing from the co system was tested came on but did no Nurses' Station. Th Room 100 and did or at the panel. Ro	a call system in place that was . Most of the covers were prridor nurse call lights. The in Room 103. The hall light t light up at the panel in the ne call system was tested in not light up either at the room om 109 had the call button lit				
	PROVIDER OR SUPPLIER ASSISTED LIVING SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa 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 me 1. Based on obsert maintain electrical e equipment in safe o effect occupants of exits were not illum Findings on July 24 a. Living Room - th illuminate on test. b. The emergency from the Nurses' St c. Dining Room - th of the room did not 2. Observations re equipment was not condition. Findings on July 24 a. The facility had a not fully functioning missing from the co system was tested came on but did no Nurses' Station. Th Room 100 and did or at the panel. Ro up and interview wi	OF CORRECTION IDENTIFICATION NUMBER: HAL054062 HAL054062 PROVIDER OR SUPPLIER STREET AL ASSISTED LIVING 2130 RO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INFORMATION) Continued From page 4 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 the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 24, 2019: a. Living Room - the emergency light did not illuminate on test. b. The emergency light in the corridor across from the Nurses' Station did not illuminate on test c. Dining Room - the emergency light in the back of the room did not illuminate on test. 2. Observations revealed that the electrical equipment was not maintained in an operating condition. Findings on July 24, 2019: a. The facility had a call system in place that was not fully functioning. Most of the covers were missing from the corridor nurse call lights. The system was tested in Room 103. The hall light came on but did not light up at the panel in the Nurses' Station. The call system was tested in Room 100 and did not light up either at the room or at the panel. Room 109	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 0 HAL054062 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST ASSISTED LIVING 2130 ROSE VISTA ROA KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 4 C 189 Continued From page 4 C 189 mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. C 189 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. C 189 This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 24, 2019: a. Living Room - the emergency light did not illuminate on test. Dining Room - the emergency light in the back of the room did not illuminate on test. 2. Observations revealed that the electrical equipment was not maintained in an operating condition. Findings on July 24, 2019: a. The facility had a call system in place that was not fully functioning. Most of the covers were missing from the corridor nurse call lights. The system was tested in Room 103. The hall light came on but did not light up at the panel in the Nurses' S	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL054062 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASSISTED LIVING 2130 ROSE VISTA ROAD KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER: TAG PROVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIENCY (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIENC Continued From page 4 C 189 Continued From page 4 C 189 Continued From page 4 C 189 Which shall not 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 the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 24, 2019: a. Living Room - the emergency light did not illuminate on test. D. Observations revealed that the electrical equipment was not maintained in an operating condition. Findings on July 24, 2019: a. The facility had a call system in place that was not fully functioning. Most of the covers were missing from the corridor nurse call lights. The system was tested in Room 103. The hall light came on but did not light up at the panel in the Nurses' Station. The call system was tested in Room 100 and did not light up e	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COM HAL054062 B. WING 07/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD IASSISTED LIVING 2130 ROSE VISTA ROAD VINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DIENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION CONSCILL BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 4 C 189 C 189 mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. C 189 (K) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. C 189 This Rule is not met as evidenced by: 1. Based on observation the facility did not illuminate on test. Findings on July 24, 2019: a. Living Room - the emergency light did not illuminate on test. Findings on July 24, 2019: a. Living Room - the emergency light in the back of the room did not illuminate on test. C Diservations revealed that the electrical equipment was not maintained in an operating condition. Findings on July 24, 2019: a. The facility had a call system in place that was not fully functioning. Most of the covers were missing from the corridor nurse call lights. The system was tested in Room 103. The hall light came on but did not light up either at the room or at the panel. Room 103. The hall light came on

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: 0)1	COM	FLETED
		HAL054062	B. WING		07/	24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
KINSTO	N ASSISTED LIVING		SE VISTA ROA I, NC 28504	٨D		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 189	Continued From pa	ge 5	C 189			
	specifically which w were. Staff indicate assistance were pro	was not fully operational. Staff were unaware of specifically which were not working and which were. Staff indicated that those needing assistance were provided with hand bells.				
	b. Kitchen - one of the breakers in the electric panel was covered with foil. The foil was removed at the time of survey.					
	maintain the facility safe condition. In or smoke resident roo	vation there is a failure to 's fire safety equipment in a rder to resist the passage of m doors must not have gaps nd the door frame stops or oor construction.				
	hardware was loose hole through the do time of survey. b. 100 Hall Spa be the door knob was the door. This was survey. c. Room 104 - ther the door hardware. d. Room 200 - the leaving a crescent s	, 2019: bss from Room 100 - the door e leaving a crescent shaped for. This was corrected at the side the Water Heater Room - loose leaving a hole through corrected at the time of re is a hole through the door at door hardware is loose shaped hole through the door. at the time of survey.				
	4. Based on obser- has not been maint is a potential shock water sources do no protection.	vation the electrical equipment ained in a safe manner. This hazard if receptacles near ot function to provide shock				
	Findings on July 24 a. Room 114 - the did not trip when test ealth Service Regulation	GFCI outlet in the bathroom				

STATE FORM

07/24/2019
VIDER'S PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)
DEFICIENCY

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED			
		HAL054062	B. WING		07/	24/2019			
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	07/24/2019				
KINSTON ASSISTED LIVING 2130 ROSE VISTA ROAD KINSTON, NC 28504									
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
C 189	Continued From pa	ge 7	C 189						
	shower ceiling has along the side and b. 200 Hall Water H unsealed conduit po c. 200 Hall Tub Ro the ceiling at the he d. Room 200 - ther around the corridor e. Nurse Administr diameter hole in the f. Outside Electrica in the ceiling at the g. The attic access Room is heavily da compromising the r h. Kitchen - the cor	Heater Room - there is one enetration in the ceiling. om - there is a small hole in eat detector. re is a gap in the ceiling nurse call light. ator Office - there is a 1" e ceiling at the light fixture. I Room - there is a small hole heat detector. a panel outside of the Activity maged around the edges ated assembly of the ceiling. ver plate for the A/C unit wiring door has fallen off leaving a							
	failure to maintain t alarm system devic operating condition	vation and testing there is he facility's emergency fire es and equipment in a safe . All the occupants of the ected if the equipment failed to in case of a fire.							
		, 2019: om - the heat detector has nay not function in the case of							
C 195	Hot Water System		C 195						
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (d) The hot water s	11 OTHER							

STATE FORM

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If continuation sheet 8 of 10

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1	COM	IPLETED
		HAL054062	B. WING		07/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
KINSTO	NASSISTED LIVING		SE VISTA ROA N, NC 28504	D		
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 195	Continued From pa	ge 8	C 195			
	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	e supply of hot water to the , laundry, housekeeping ity 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.				
	temperature at fixtu maintained between Fahrenheit. Findings on July 24	vealed that the hot water ires used by residents was not n 100 and 116 degrees	t			
	time of survey was	140 degrees Fahrenheit.				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping o (5) laundry area.	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;				

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If continuation sheet 9 of 10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		HAL054062	B. WING		07/	24/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE	011	24/2013
	ASSISTED LIVING	2130 RO	SE VISTA ROA N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 199	Continued From pa	ge 9	C 199			
	facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
		et as evidenced by: vealed that the facility did not naust ventilation in the areas				
	working. b. 200 Hall Water H	, 2019: - the exhaust fan is not Heater Room - the exhaust far he grille has a layer of black	1			