(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL078084 07/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **550 BAILEY ROAD LUMBERTON ASSISTED LIVING** LUMBERTON, NC 28359 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} Report of a Construction Section Biennial Survey by Ed Miller, conducted on July 24, 2019. Deficiencies were cited that will require a new Plan of Correction. C 150 C 150 Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents. staff, and visitors by slowing or obstructing egress during an emergency. Findings on July 24, 2019: a. SCU Wing Back Exit Ramp - there are two unattended chairs, obstructing the egress from this exit. {C 164} Housekeeping and Furnishings-Clean, Repaired {C 164} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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		LUMBER	TON, NC 283	359		
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{C 164}	Continued From pa	ge 1	{C 164}			
	not kept clean and Findings on July 24 b. SCU Wing Bed	rvation, the building walls are in good repair.				
{C 188}	Electrical Outlets in	Wet Locations	{C 188}			
	All adult care home locations at sinks, t	PHYSICAL PLANT  10 ELECTRICAL OUTLETS electrical outlets in wet pathrooms and outside of ground fault interrupters.				
	provide electrical or bathrooms and outs fault interrupters. T staff, and visitors by protection to these Findings on July 24 d. SCU Wing Emp ground-fault circuit-	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 devices.  2019: bloyee Restrooom - the interrupter (GFCI) electrical oes not have electrical power				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu					

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operating condition.

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DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
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		UAI 070004	B. WING			
		HAL078084	D: Willo		0/12	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		550 BAILI	EV ROAD			
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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{C 189}	Continued From pa	ge 2	{C 189}			
	(la) This Dada shall					
		apply to new and existing				
		ception of Paragraph (e)				
	which shall not app	ly to existing facilities.				
	This Rule is not me					
		rvation, the Fire Alarm system				
		l in a safe and operating				
		ld affect all by not providing				
	early detection and	activating the fire alarm				
	system.					
	Findings on July 24, 2019:  a. Corridor between SCU wing and Dogwood Wing; Conference Room - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires.					
	5. Based on obse	rvation, the Building was not				
		e and operating condition,				
		protecting the opening in the				
	smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all					
	residents, staff, and visitors by not containing the					
	smoke of the fire in the compartment of origin.					
	Findings on July 24, 2019:					
	New Citation					
	cc. SCU Wing Smoke Barrier - the right leaf, of the double-egress cross-corridor doors, hit the					
		tomatically close when the fire				
	alarm system relea	seu me doors.				
	6 Paged on obse	nyations the Building fire				
		rvations, the Building fire				
		ntained in a safe and operating				
		d expose all to fire/smoke if				
	not contained in roo					
	Findings on July 24	, 2019:				
	New Citation					
		en SCU wing and Dogwood				
		oom Men - there is a hole at				
	the base of the exh	aust fan is not firestopped as				

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STATEMENT OF DEFICIENCIES (V1) DROVIDED/SUBBLIED/CLIA		(X2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SLID//EV	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: <b>01</b>				
		HAL078084	B. WING		7 <b>07/2</b>	₹ 4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
		550 BAIL	EY ROAD			
LUMBER	RTON ASSISTED LIVIN	NG LUMBER	TON, NC 28	359		
(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}	Continued From pa	ge 3	{C 189}			
	it penetrates the fire assembly.  8. Based on obsemaintained in a safebecause the corridor passage of smoke. positively/automatic under normal closin residents, staff, and latch to contain smore Findings on July 24 c. SCU Wing Bed	e-resistance-rated ceiling  rvation, the Building was not e and operating condition, or doors do not resist the Corridor door must cally latch into their frame ag force. This could affect all divisitors if the doors did not oke/fire in the room of origin.				
{C 199}	Exhaust Ventilation		{C 199}			
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appid the specified on Obserplastic sheet, the face of the shall specified in the shall sh	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities.				

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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	
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		HAL078084	B. WING		07/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LUMBER	RTON ASSISTED LIVIN	NG 550 BAILE LUMBERT	EY ROAD ON, NC 28:	359		
(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 SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
(C 199)	Continued From particles of the could affect all residual preventing the exhall required exhaust verified not remove the dissipate the odors. b. Dogwood Wing required exhaust verified not remove the dissipate the odors. c. Corridor betwee Wing Documentation Restroom Men - the system did not work d. SCU Wing Soil exhaust ventilation	ge 4 dents, staff, and visitors by austing of odors. , 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  entilation system is running but required amount of air to  en SCU wing and Dogwood on Room Restroom Guest erequired exhaust ventilation	TAG {C 199}		TRIALE	DATE

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