Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: (A. BUILDING: 01 B. WING		COMPLETED 07/31/2019	
		FCL032121	B. WING				
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
PRESTIG	E ESTATES ASSISTE		OLT SCHOOL R AM, NC 27704	OAD			
(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 CORRECTI		D BE COMPLE	
C 000	Initial Comments		C 000				
	Report by Paul Dixon						
	Survey on July 31, PM at the above re records indicate the June 11, 2012 as a ambulatory Resider approved on Augus currently licensed for (Who are able to re any physical or vert other emergency). are requiring the ho with the following: t 13G for Family Car portions of the 2012	a Section conducted a Bienni 2019 from 11:15 AM to 12:30 ferenced facility. DHSR home was first licensed on Family Care Home for five (9 nts. A capacity increase was st 27, 2015. The facility is or six (6) ambulatory resident espond and evacuate without bal assistance during a fire of Based on this information we ome to maintain compliance he 2005 Rules 10A NCAC re Homes, and the applicable 2 North Carolina State Buildir 5.2 - Residential Care Homes	5) ts r				
	NOTES:						
	that require an acce	ur visit, we cited deficiencies eptable plan of correction. All vere discussed with on-site interview.					
	once completed pro	correct all listed deficiencies, ovide verification in the form o voices, etc. for all work					
C 105	Initial Licensure-Me	eet NCSBC	C 105				
	CONSTRUCTION (a) Any building lic	BO2 DESIGN AND censed for the first time as a hall meet the applicable					

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31/2019 (X5) COMPLET DATE
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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		07/	07/31/2019	
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE			
RESTIC	SE ESTATES ASSISTE	ED LIVING	OLT SCHOOL R M, NC 27704	OAD			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
C 153	Continued From page 2		C 153				
	1. At the time of the survey it was observed that there was lint and debris behind the clothes washer and dryer. This is not compliant with the rule.						
	the caulking around	e survey it was observed that d the kitchen sink was scolored. This is not compliar					
C 174	Building Equipment	t Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building and mechanical, and plucare home shall be operating condition	B17 BUILDING SERVICE nd all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing					
	the exterior light ou missing the cap and	et as evidenced by: e survey it was observed that tside the front door was d was filled with leaves and compliant with the rule.					
	the exhaust fan cov	e survey it was observed that /er in the left hall bathroom ust and lint. This is not rule.					
	the ceiling fan on th	e survey it was observed that he front screened porch was and bulb. This is not complian					
	4. At the time of the	e survey it was observed that					

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If continuation sheet 3 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING		07/	07/31/2019		
		DDRESS, CITY, STATE, ZIP CODE			51/2015		
RESTIG	E ESTATES ASSIST	ED LIVING 4120 HO	LT SCHOOL R I, NC 27704				
(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 174	Continued From page 3		C 174				
	in the powder room off of the front foyer, the toilet seat was very loose. This is not compliant with the rule.		:				
	5. At the time of the survey it was observed that the smoke detector in the right rear bedroom was missing the battery. This is not compliant with the rule.						
C 183	Outside Premises-	Clean, Safe	C 183				
	(a) The outside gr	318 OUTSIDE PREMISES rounds of new and existing shall be maintained in a clean					
	1. At the time of th there was a heavy	et as evidenced by: e survey it was observed that build-up of cobwebs on the ows of the facility. This is not rule.					
	there were numero	e survey it was observed that us damaged screens on the orch. This is not compliant					
	there was heavy ro	e survey it was observed that t damage to sections of the due to a roof leak This is not rule.					

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