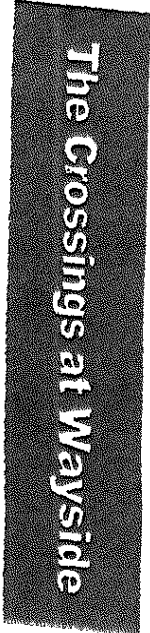


The Crossings at Wayside
8398 Fayetteville Road
Raeeford, NC 28376
Phone# 910-663-5800
FAX# 910-875-1705



Fax

To: Ed Miller

From: Myra Sinclair

Fax: 919-733-6592

Pages: (including cover sheet)

Phone:

Date:

Re: Plan of Connection

cc:

- Urgent
- For Review
- Please Comment
- Please Reply
- Per Your Request

● Comments:

Thanks for your patience! Please let me know if you need anything further!

Thank

Myra Sinclair

IMPORTANT: This Facsimile contains confidential information, some or all of which may be protected health information as defined by the Federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify sender by telephone (number listed above) to arrange return or destruction of the information and all copies.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 1, 2019
Kisha Odom (via e-mail only)
8398 Fayetteville Road
Raeford, NC 28376

RE: The Crossings At Wayside - HA Biennial Survey
8398 Fayetteville Road
Raeford Hoke County
FID #130277 Ha1047011

Dear Ms. Odom:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on July 23, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by August 16, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by August 16, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by August 16, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,



Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Hoke County DSS - with attachment-(via e-mail only)

PRINTED: 08/01/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
--	--

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Susanna Fay, conducted on July 23, 2019. Records indicate this facility was first licensed on 04/23/2015. The facility is currently licensed for 75 Beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Myra J. Sinclair, Executive Director

8/23/19

PRINTED: 08/01/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on July 23, 2019:</p> <p>a. AL Nurse Station - two staff interviewed, did not know about the use of the central on/off emergency release switch.</p> <p>b. MCU Nurse Station - two staff interviewed, did not know about the use of the central on/off emergency release switch.</p> <p>2. Based on observation, the fire sprinkler system failed to meet the Code requirements in effect at the time of construction or alterations by not having all required areas protected with sprinklers. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room of origin. Findings on July 23, 2019:</p> <p>a. AL Exterior Storage Closet in Courtyard - there is no automatic fire sprinkler protection in this room.</p>	C 101	<p>① The facility Maintenance Director will inservice all staff on the location and the use of the emergency release switch for Assisted Living and the Memory Care Unit. Upon hire the facility maintenance director will train all staff on the Emergency Valve shut off on the first day of Orientation. The ED/Maintenance or designee will do periodic monthly emergency valve drills to ensure that all staff are aware of where the emergency valve shut off is located and how to operate it.</p>	9/30/19
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p>	C 111	<p>② The facility contacted J & D</p>	9/30/19

Division of Health Service Regulation

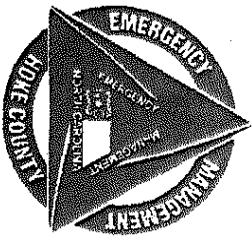
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
C 111	Continued From page 2 This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on July 23, 2019: a. The last annual Fire and Building safety Inspection Report, available for review, has a May 16, 2017 date.	C 111	Sprinkler Company and they came out and installed a new dry head in the AL exterior storage closet in the courtyard on 7/31/19 (See Attached)
C 164	Housekeeping and Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. Based on observation, the building Floors are not kept clean and in good repair. Findings on July 23, 2019: a. Carpeted Corridors - there is a pattern exhibited where most carpets are stained, and dirty from heavy traffic. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on July 23, 2019: a. AL Nurse Station Half Bath - the ventilation system with its radiation damper has an	C 164	① The facility has obtained and will maintain a copy of the most current building and kitchen sanitation reports in the Survey Recorders binder that will be kept in the Executive Directors office a. The Facility has contacted the Hoke County Fire Marshal's office and have scheduled 8/24/19 an annual Fire Inspection for August 14, 2019 at 9am. The facility Maintenance Director is working with R&K cleaning and restorative company that will be cleaning the carpets monthly. The facility will have all carpets cleaned by 9/13/19

Division of Health Service Regulation
STATE FORM

6889

20MS21

If continuation sheet 3 of 9



Hoke County Fire Marshal's Office

Occupancy: **THE CROSSINGS AT WAYSIDE**

Occupancy ID: **CROS01**

Address: **8398 FAYETTEVILLE RD
RAEFORD NC 28376**

Inspection Type: (1) Annual Maintenance Inspection

Inspection Date: 8/14/2019 By: Ward, Rodney D. (8135)

Time In: 09:00 Time Out: 11:30

Authorized Date: Not Authorized By:

Form: Fire Inspection Report

INSPECTION NOTES

Other Violations / Notes

No Violations Notice

Status: PASS

Notes: Passed inspection

Additional Time Spent on Inspection

Category

Start Date / Time

End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 150 minutes

Total Time: 150 minutes

Summary

Overall Result: Passed

Inspector Notes:

Inspector:

Name: Ward, Rodney D.

Rank:

Mobile Phone(s): 910-818-4654

Email(s): rward@hokecounty.org

Signature

Date

Representative Signature:

Signature

Date



HOKE COUNTY
FIRE MARSHAL'S OFFICE
429 EAST CENTRAL AVENUE
RAEFORD, NORTH CAROLINA 28376
OFFICE: (910)875-4126 FAX: (910)875-3726



Copy of Violation Notice

Friday May 26, 2017

The Crossings at Wayside
8398 FAYETTEVILLE RD
Raeford, NC 28376

An inspection of your facility on Friday May 26, 2017 revealed the violations listed below.

ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on at 12/26/17 10:00

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

Violation Code

107.1 Maintenance of safeguards

Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this code, or otherwise installed, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with this code and applicable referenced standards.

Emergency light next to room 118 was inoperable during time of inspection. Pointed out to maintenance supervisor at time of inspection.

315.2 Storage in buildings

Storage of combustible materials in buildings shall be orderly. Storage shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.

Activities Director office needs to have housekeeping done. Class A combustibles need to be storage in an orderly fashion.

05/26/2017 10:51

Page 1

*Hoke County
8/23/19
@ 9am
got annual
MS- [unclear]*



HOKE COUNTY
FIRE MARSHAL'S OFFICE
429 EAST CENTRAL AVENUE
REEFORD, NORTH CAROLINA 28376
OFFICE: (910)875-4126 FAX: (910)875-3726



315.2 Storage in buildings

Lorenzen, Robin A
Fire Code Enforcement Officer

X

Occupant/Owner

N.C. Department of Health and Human Services
 Division of Public Health
 Environmental Health Section
 Inspection of Hospitals, Nursing Homes,
 Adult Care Homes and Other Institutions

Score: 98
 Date of Insp/Chg: 04/24/2019
 Status Code: A

Health Department: HOKE
 Current ID Number: 05047400007
 Old ID Number:

Water Supply	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	Water sample taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Name Change <input type="checkbox"/> Visit <input type="checkbox"/> Status Change
Wastewater	<input checked="" type="checkbox"/> Community <input type="checkbox"/> On-Site System	Capacity: 0	<input type="checkbox"/> Re-Inspection <input type="checkbox"/> Verification of Closure

Name of Establishment: The Crossings at Wayside
 Location Address: 8398 Fayetteville Rd
 City: Raeford State: NC Zip: 28376

Permittee: The Crossings at Wayside
 Mailing Addr:
 City: State: Zip:

Item	Description	Deduction Full/half
FLOORS, WALLS AND CEILINGS [1309,1310]		
01	Floors easy to clean, no obstacles, drains where needed	2 1
02	Floors clean, carpet clean, dry, odor free	2 1
03	Walls and ceilings cleanable, clean, good repair	2 1
LIGHTING, VENTILATION, MOISTURE CONTROL [1311]		
04	Lighting at least 10 foot candles 30 inches above floor	2 1
05	Ambient air temperature 65° to 85° F, equipment clean	2 1
06	No evidence of microbial growth	3 1.5
07	Indoor smoking limited to dedicated smoking rooms	2 1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES [1312]		
08	Facilities conveniently located, clean and in good repair	2 1
09	Toilet rooms free of storage, handwash signs posted	1 0.5
10	Bedpans, urinals, bedside commodes and urinals basins properly cleaned and disinfected	1 0.5
11	Hand sinks used only for intended purpose	2 1
12	Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	3 1.5
13	Lavatory and bathing hot water between 100° and 116° F	2 1
14	Disinfectant accessible, properly used	2 1
WATER SUPPLY [1313]		
15	Approved water supply, no cross-connections	4 2
16	Quantity and hot water sufficient, backup water supply plan	2 1
DRINKING WATER FACILITIES, ICE HANDLING [1314]		
17	Water fountains clean, good repair, properly regulated	2 1
18	Drinking utensils properly handled	2 1
19	Ice protected, dispensed, equipment clean, in good repair	2 1
LIQUID AND SOLID WASTES [1315,1316]		
20	Wastewater disposed of properly	4 2
21	Solid waste stored properly, areas clean, facilities for cleaning	4 2
22	Solid waste disposed of frequently, no insect breeding or nuisance	2 1
23	Medical wastes handled and disposed of properly	2 1
VERMIN CONTROL, PREMISES [1317]		
24	Vermis excluded	3 1.5
25	Approved pesticides properly stored and handled	2 1
26	Premises clean, no breeding places or rodent harborage	2 1
27	Pet areas clean, veterinary records available	2 1
Comments:		
2.	Floor soiled at nurses station on 200 hall	
General Comments:		
42.	found yogurt used for med dispensing at 70 degrees; option are to create an ice holding container; use TPHC or promptly cool down in refrigerator after use (nursing staff indicated it is used for about 30 minutes); you may discard and get another one as well	
Permittee: The Crossings at Wayside		
Report Received by: _____		
Inspection By: <i>Melissa Ham</i>		
EHS ID#: 1149		

Form 1304-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A.1304 specifies the contents of an inspection form to record the results of an inspection made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. Preparation: Local environmental health specialists staff

INSPECTION OF HOSPITALS, INCLUDING LONG-TERM CARE FACILITIES AND OTHER INSTITUTIONS

complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager; 2. Copy for the local health department; 3. Copy for the Environmental Health Services Section. Disposition: This form may be destroyed in accordance with Standard 4-B-6, Inspection Records, of the Records Retention and Disposition Schedule for County/Jurisdictional Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Counter 92-01-40) Environmental Health Section, EHS 1213 (Revised 07/12)

Food Establishment Inspection Report

Score: **98.5**

Establishment Name: The Crossings at Wayside - Kitchen
 Location Address: 8398 Fayetteville Rd State: NC
 City: Raeford County: HOKE
 Zip: 28376
 Permittee: The Crossings at Wayside
 Telephone: _____
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site Supply

Establishment ID: 05047160004 Inspection Re-Inspection
 Date: 05/28/2019 Status Code: A
 Time In: 10:15 AM Time Out: 11:40 AM
 Category#: 4
 FDA Establishment Type: Institutional Food Service
 No. of Risk Factor/Intervention Violations: 0
 No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions
 Risk factors: Contributing factors that increase the chance of developing foodborne illness.
 Public Health Interventions: Control measures to prevent foodborne illness or injury

Compliance Status	OUT	CDI	R	VR
Supervision <u>2652</u>				
1 <input checked="" type="checkbox"/> PIC present, Demonstration - Certification by <input type="checkbox"/> <input type="checkbox"/> accredited program and perform duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health <u>2652</u>				
2 <input checked="" type="checkbox"/> Management, employees knowledge, responsibilities & reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> Proper use of reporting, restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices <u>2652, 2653</u>				
4 <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands <u>2652, 2653, 2656, 2656</u>				
6 <input checked="" type="checkbox"/> Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <input checked="" type="checkbox"/> No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> Handwashing sinks supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source <u>2653, 2656</u>				
9 <input checked="" type="checkbox"/> Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <input checked="" type="checkbox"/> Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 <input checked="" type="checkbox"/> Food in good condition, safe & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 <input checked="" type="checkbox"/> Required records available: shellstock tags, perishable destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination <u>2653, 2654</u>				
13 <input checked="" type="checkbox"/> Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 <input checked="" type="checkbox"/> Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 <input checked="" type="checkbox"/> Proper disposition of returned previously served, reconditioned, & unsale food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature <u>2653</u>				
16 <input checked="" type="checkbox"/> Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 <input checked="" type="checkbox"/> Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 <input checked="" type="checkbox"/> Proper cooling time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <input checked="" type="checkbox"/> Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 <input checked="" type="checkbox"/> Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <input checked="" type="checkbox"/> Proper date marking & disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 <input checked="" type="checkbox"/> Time as a public health control: procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory <u>2653</u>				
23 <input checked="" type="checkbox"/> Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations <u>2653</u>				
24 <input checked="" type="checkbox"/> Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical <u>2653, 2657</u>				
25 <input checked="" type="checkbox"/> Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures <u>2653, 2654, 2656</u>				
27 <input checked="" type="checkbox"/> Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Retail Practices
 Good Retail Practices: Preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status	OUT	CDI	R	VR
Safe Food and Water <u>2653, 2655, 2658</u>				
28 <input checked="" type="checkbox"/> Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 <input checked="" type="checkbox"/> Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 <input checked="" type="checkbox"/> Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control <u>2653, 2654</u>				
31 <input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 <input checked="" type="checkbox"/> Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 <input checked="" type="checkbox"/> Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 <input checked="" type="checkbox"/> Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification <u>2653</u>				
35 <input checked="" type="checkbox"/> Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination <u>2652, 2653, 2654, 2656, 2657</u>				
36 <input checked="" type="checkbox"/> Insects & rodents not present; no unauthorized animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 <input checked="" type="checkbox"/> Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 <input checked="" type="checkbox"/> Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 <input checked="" type="checkbox"/> Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 <input checked="" type="checkbox"/> Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils <u>2653, 2654</u>				
41 <input checked="" type="checkbox"/> In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 <input checked="" type="checkbox"/> Single-use & single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 <input checked="" type="checkbox"/> Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment <u>2653, 2654, 2655</u>				
45 <input checked="" type="checkbox"/> Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 <input checked="" type="checkbox"/> Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities <u>2654, 2655, 2656</u>				
48 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 <input checked="" type="checkbox"/> Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 <input checked="" type="checkbox"/> Physical facilities installed; maintained & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 <input checked="" type="checkbox"/> Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL DEDUCTIONS:	1.5			



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer. Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

The Crossings at Wayside - Establishment ID: 05047160004
 Establishment Name: Kitchen Inspection Re-Inspection
 Location Address: 8398 Fayetteville Rd State: NC Date: 05/28/2019
 City: Raeferd Zip: 28376 Status Code: A
 County: HOKE Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site Supply
 Permittee: The Crossings at Wayside Name Change Status Change
 Telephone: _____ Pre-Opening Visit Other _____

Temperature Observations

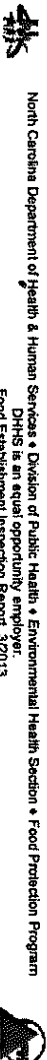
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
milk cooling (reach in asst side)	44-45 °F	tomatoes cooling (prepping)	42-45 °F	shredded cheese (walk in)	38 °F
sausage (walk in thawing)	29 °F	roast beef (walk in)	36 °F	Hamburger (over)	165+ °F
follow up milk (reach in 10 min)	42 °F	follow up tomatoes (reach in unit in kitchen)	41 °F		

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
49	5-205.15 (A)(B), Core: There is a drip that continues behind the utensil sink. Creates water to pond on the dirty end underneath the drain board, need to repair
53	8-501.114: Core: Broken furniture and mattress at the dumpster area; also need to pick up litter around the dumpster pad General Comments: Friendly reminder: HSF employees that are exposed to sick members of family or caring for sick must be restricted to non food activities per the employee health policy, well maintained kitchen

Person in Charge (Print & Sign): _____ Verification Required Date: _____

Regulatory Authority (Print & Sign): Melissa Hain REHS ID: 1149
 Melissa Hain REHS Contact Phone Number: _____



PRINTED: 08/01/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
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NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 164	Continued From page 3 excessive accumulation of dust/lint. b. Kitchen - the HVAC returns with their radiation dampers have an excessive accumulation of dust/lint. c. Kitchen Office - the HVAC return with its radiation damper has an excessive accumulation of dust/lint.	C 164	The facility maintenance Director has cleaned the ventilation system in the AL nurse station half bath, The HVAC returns with their radiation dampers in the kitchen, and the HVAC return with its radiation damper in the kitchen office.	9/13/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on July 23, 2019: a. Bedroom 104 Closet - two portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure.	C 166	The facility maintenance director will perform monthly preventative maintenance checks to ensure that all radiation dampers are cleaned and dust free. The facility housekeeping staff will check the radiation dampers weekly to ensure that they are cleaned and dust free.	9/13/19
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.	C 183	The ED or designee will check the radiation dampers monthly and as needed to ensure that they are cleaned and that the building mechanical systems	9/13/19

J & D Sprinkler Co., Inc.
315 W. Main Street
Clayton, NC 27520
(919) 553-2356
(919) 359-0622

***** I N V O I C E *****
INVOICE NO: 17520
CUST NO: X19091
INVOICE DATE: 07/31/19
DUE DATE: 08/31/19

JOB X19091
THE CROSSINGS AT WAYSIDE

SABER HEALTHCARE GROUP
26691 RICHMOND ROAD
BEDFORD HEIGHTS OH
NATIVIDAD.CHAVES@SABERHEALTH.C 44146

Description	Quantity	Unit Price	Amount
REPLACE PAINTED HEAD AND INSTALL A NEW DRY HEAD IN AN OUTSIDE CLOSET. ALSO ADJUSTED SEVERAL HEADS.			
MATERIAL COST			315.00
LABOR RATE FOR 2 MEN			945.00
PROCESSING FEE			15.00
TRUCK CHARGE			15.00
Hoke 6.7500%		6.75%	87.08

AMOUNT OF THIS INVOICE: 1,377.08

Please include invoice number on all payments. We now accept credit cards.

PRINTED: 08/01/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 183	Continued From page 4 (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on July 23, 2019: a. Kitchen - the fire extinguisher is missing its annual maintenance tag. b. Riser Room - since the last annual maintenance, performed in March 2019, there has been no documentation of the portable fire extinguisher's monthly in-house/owner inspections.	C 183	C-11do The facility has made sure that all oxygen is stored in the appropriate secured structure. 1(a) The facility maintenance Director has added a tag to the fire extinguisher in the kitchen. 1(b) The facility maintenance director has checked and documented checking the portable fire extinguisher in the riser room and will check and document checking all fire extinguishers monthly.	8/22/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review of the last 12	C 185	① The facility maintenance Director has pulled the rehearsals for the last 12 months and put a brief description of each rehearsal. (a) The facility maintenance Director will document a short description of what the rehearsal involved.	8/22/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2019	
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 5 months of rehearsals, and interview with Executive Director and Maintenance Manager the Facility failed to fully document a short description of what the rehearsal involved. Findings on July 23, 2019: a. Most quarters do not have a short description of what the rehearsal involved.	C 185	The ED or designee will review the fire drill rehearsal logs to ensure that there is a short description of what the rehearsal involved.	9/30/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, 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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on July 23, 2019: a. Exit near Bedroom 114 - the exit sign does not illuminate on backup power when tested. b. AL Courtyard Exit into Building - the combination exit sign and emergency light does not illuminate on backup power when tested. c. AL Courtyard Exit into Building - the combination exit sign and emergency light is missing its face plate. d. Exterior Emergency Lighting - there is a pattern exhibited where most of these emergency	C 189	(a) The facility maintenance Director has repaired/replaced the exit sign near bedroom 114. (b) The facility maintenance Director has repaired/replaced the combination exit sign and the emergency light at the AL Courtyard Exit. (c) The facility maintenance Director has repaired/replaced the combination exit sign and the emergency light at the AL Courtyard Exit.	8/22/19 8/22/19 8/22/19

Division of Health Service Regulation
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If continuation sheet 6 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE			
STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
<p>C 189 Continued From page 6</p> <p>lights do not illuminate on backup power when tested.</p> <p>e. MCU Exit near Bedroom 405 - the combination exit sign and emergency light does not illuminate on backup power when tested.</p> <p>f. Front Door - the combination exit sign and emergency light does not illuminate on backup power when tested.</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on July 23, 2019: a. At Dining - a expansion joint in the one-hour fire-resistance-rated gypsum ceiling assembly is deteriorating and has lost its fire-resistance capability. b. MCU Dining - there is a gap at the data port not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>3. Based on observation, the stroke tight corridor doors are not maintained in a safe and operating condition. Findings on July 23, 2019: a. Bedroom 411 - the corridor door hits its frame and will not close with normal force.</p> <p>4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 23, 2019: a. Laundry Dryer Room - there is an electrical power receptacle missing its cover plate.</p> <p>5. Based on observation the ice machine drain line is in direct contact with the floor drain. Ice machine drains that directly contact the floor or floor drain and that are less than a minimum of 2</p>	<p>C 189</p>	<p>(g) The facility maintenance Director will check and repair Exterior Emergency lighting throughout the building to ensure that the emergency lights illuminate on back-up power when tested.</p> <p>(e) The facility maintenance Director has ordered a new combination exit sign and emergency light to replace sign at the Memory Care unit near bedroom 405.</p> <p>(f) The facility maintenance Director has repaired/replaced the combination exit sign and emergency light at the front door to ensure that it illuminates on backup power.</p> <p>(b) The facility has contacted with JD Sprinkler Co. who will repair/replace the expansion joint that deteriorating in the AL dining room.</p> <p>(a) The facility Maintenance Director has repaired the gap at the data port in the MCU dining room</p>	<p>9/30/19</p> <p>9/30/19</p> <p>8/12/19</p> <p>9/30/19</p> <p>8/22/19</p>

Division of Health Service Regulation
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6899

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If continuation sheet 7 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376			
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C 189 Continued From page 7 inches of vertical clearance above the floor present the possibility of contamination of the ice machine. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on July 23, 2019: a. Resident Storage - two escutcheon plates on the fire sprinklers have dropped down from the fire-resistance-rated ceiling exposing openings that allows the spread of smoke and heat. b. Exit near Bedroom 207 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. c. MCU Resident Care Director d. MCU Dining - two escutcheon plates on the fire sprinklers have dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. e. Corridor near Bedroom 309 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. f. MCU Resident Care Director - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. g. Front Lobby back Section - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.	C 189 3(g) The facility Maintenance Director has repaired the corridor door 8/12/19 at Bedroom 411. 4(g) The facility Maintenance Director has replaced the cover plate 8/12/19 in the Laundry Dryer room that was missing electrical power receptacle. 5. The facility Maintenance Director has shortened the ice machine 8/12/19 drain line to prevent it from being in direct contact with the floor drain. 6(g) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the two escutcheon plates on the fire sprinkler in the resident storage (b) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the escutcheon plate on the fire sprinkler at the exit near bedroom 207. (g)(f) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the escutcheon plate on the fire sprinkler on the memory care unit resident care director office. (g) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will	C 189 3(g) The facility Maintenance Director has repaired the corridor door 8/12/19 at Bedroom 411. 4(g) The facility Maintenance Director has replaced the cover plate 8/12/19 in the Laundry Dryer room that was missing electrical power receptacle. 5. The facility Maintenance Director has shortened the ice machine 8/12/19 drain line to prevent it from being in direct contact with the floor drain. 6(g) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the two escutcheon plates on the fire sprinkler in the resident storage (b) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the escutcheon plate on the fire sprinkler at the exit near bedroom 207. (g)(f) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will repair the escutcheon plate on the fire sprinkler on the memory care unit resident care director office. (g) The facility has contracted 9/30/19 with J.D. Sprinkler Co. who will	(X5) COMPLETE DATE 8/12/19 8/12/19 8/12/19 9/30/19 9/30/19 9/30/19 9/30/19

Division of Health Service Regulation
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6899

20MS21

If continuation sheet 8 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

HAL047011

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 01
B. WING: _____

(X3) DATE SURVEY COMPLETED
07/23/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE CROSSINGS AT WAYSIDE

8398 FAYETTEVILLE ROAD
RAEFORD, NC 28376

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 191	Continued From page 8	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 191	<p>1. (g) The portable electric heater was removed from the AL office. 7/23/19</p> <p>(b) The portable electric heater was removed from the Business office.</p> <p>(g) The facility has contracted with J. D. sprinkler company who will repair the escutcheon plate on the fire sprinkler in the corridor near bedroom 309.</p> <p>(g) The facility has contracted with J. D. sprinkler company who will repair the escutcheon plate on the fire sprinkler in the Front lobby back section.</p>	9/30/19

This Rule is not met as evidenced by:
1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near.
Findings on July 23, 2019:
a. AL Office - a portable electric heater was found in this room.
b. Business Office - a portable electric heater was found in this room.

Division of Health Service Regulation
STATE FORM

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If continuation sheet 9 of 9