

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL086014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERWOOD ALF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>711 W ATKINS DR DOBSON, NC 27017</b>
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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 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on Septmber 13, 2019.  There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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: 2-Based on observation, this facility has not maintained the plumbing fixtures in a safe and operating condition.  Findings on 09/13/2019: The toilet fixtures are not secured to the floors located at the following locations: (a) Room 14/NORTH HALL-interview with staff revealed that the toilet had been tightened, but the residents are rough on the fixtures. He is looking at other options to help with the problem. (b) Shower Room/CENTRAL HALL - interview with staff revealed that the toilet had been tightened, but the residents are rough on the fixtures. He is looking at other options to help with the problem.	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_