(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL080030 12/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD **ELMCROFT OF SALISBURY** SALISBURY, NC 28147 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 and Denis Harrell, conducted on December 12, 2019. Records indicate this facility was first licensed on 9-3-1996, for 128 beds with 36 of those in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 Rules for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were cited that require a Plan of Correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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;

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

TITLE (X6) DATE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL080030	B. WING 12		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/1	2/2019
	OFT OF SALISBURY		RESVILLE			
LLIVIORC			RY, NC 2814			
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	Staff, the facility fail requirements in effect or alterations by no required and proceduperated doors equivarrangements. This who would need to Findings on Decema. C Wing SCU -trinterviewed, did not locations of the locations	rvation and interview with ed to meet the Code ect at the time of construction thaving all the components dures to comply and properly sipped with Special Locking could affect all occupants evacuate through the door(s). ber 12, 2019: hree out of three staff know about the use and all and central on/off				
C 150	Corridors-Free of e	quipment and Obstructions	C 150			
		_				
	of obstructions. Thi staff, and visitors by during an emergend Findings on Decem a. A Wing Short C	rvation, corridors are not free s would affect all residents, y slowing or obstructing egress by.				

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DIVISION	of Fleatiff Service IN	guiation					
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
		HAL080030	B. WING		12/1	2/2019	
NAME OF 5	DOMBED OF CUERCIES			STATE ZID CODE			
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ELMCRO	FT OF SALISBURY		DRESVILLE I				
Г			RY, NC 2814				
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
PRÉFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE	
				DEFICIENCY)			
C 150	Continued From pa	ge 2	C 150				
0 100	·		0 100				
		tension cord, is blocking the					
	full opening of the o	loor.					
<u> </u>	<u> </u>		0.45				
C 154	Entrances/Exits-Wa	anderer Alarms	C 154				
	SECTION .0300 - F	DUVEICAL DI ANT					
	10A NCAC 13F .03						
	ENVIRONMENT	05 FITTSIOAL					
		nts for outside entrances and					
	exits are:	no for calcing official cooperation					
	(4) In homes with a	at least one resident who is					
		ysician or is otherwise known					
		a wanderer, each exit door					
		ents shall be equipped with a					
		at is activated when the door is					
		d shall be of sufficient volume					
		by staff. If a central system					
		devices is provided, the					
		e system shall be located in					
		ministrator or in a location					
		staff authorized by the erate the control panel.					
	auministrator to ope	siate the control panel.					
	This Rule is not me	et as evidenced by:					
		ervation, the facility failed to					
		hat are accessible by					
	residents equipped	with sounding devices that					
	activated when the	door opens.					
	Findings on Decem	ber 12, 2019:					
		ntrance - this "Special Locking					
		non-working protective cover					
		ergency release switch. This					
		restricted access to the switch					
		it. In addition, the exit had no					
	other notification de	evice.					
0.40.	11	Familia in Ol S in in	0.404				
C 164		Furnishings-Clean, Repaired	C 164				
	SECTION .0300 - F	PHYSICAL PLANT					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL080030	B. WING		12/1	2/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ELMCRO	FT OF SALISBURY		RESVILLE I RY, NC 2814			
(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 APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept cleat (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on obset are not kept clean at Findings on Decemna. B Wing Linen of ceiling is covered whooks like mold. b. Left Front Porciventilation system of ceiling. c. Left Front Porciventilation system of ceiling. c. Left Front Porciventilation system of ceiling. 2. Left Front Porciventilation system of ceiling. 2. Based on obset assembly has determined and joint company. 2. Based on obset not kept clean and Findings on Decemna. C Wing Corridor is an area of the warms.	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: rvation, the building Ceilings and in good repair. ber 12, 2019: Closet - the gypsum wallboard with a black substance that the Water Heater Room - a grille is no secured to the the Water Heater Room - the ance-rated gypsum ceiling riorated to a point where the bound is disappearing. rvation, the building walls are in good repair.	C 164	DEFICIENCY)		
C 166	SECTION .0300 - F	ntained Free of Hazards PHYSICAL PLANT 06 HOUSEKEEPING AND	C 166			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL080030	B. WING		12/1	2/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ELMCRO	FT OF SALISBURY		RESVILLE I RY, NC 2814			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 4	C 166			
	orderly manner, fre hazards;	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing				
	maintained free of h cylinders fall, break cylinder, and turning Findings on Decem a. A Wing Bedroo cylinder is standing	ervation, the Building was not nazards, if compress gas ing their valves, propelling the g it into a dangerous projectile.				
	due to the possibilit contaminated water supply. Findings on Decema. Beauty Shop - a sprayer hose long e and there is no vacon water fixtures the flood rim of the of siphoning contam	ervation, a hazard is present by of the backflow of r into the domestic water aber 12, 2019: the shampoo sink has a enough to reach gray water, uum breaker provided. Hoses at are long enough to reach fixtures present the possibility ninated water back into the s a vacuum breaker is				
C 183	Fire Extinguishers		C 183			
	(a) At least one five	PHYSICAL PLANT 08 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						(X3) DATE SURVEY COMPLETED	
		HAL080030	B. WING		12/1	2/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
FI MCPO	FT OF SALISBURY	1915 MOC	RESVILLE I	ROAD			
LLWICKO	T OF SALISBORT	SALISBU	RY, NC 2814	17			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 183	Continued From pa	ge 5	C 183				
	(b) One five pound	f floor area or fraction thereof. or larger (net charge) A-B-C uired in the kitchen and, where aintenance 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 December 12, 2019: a. Main Electrical Room - since the last annual maintenance was performed, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections.						
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing	C 189				
	which shall not apple This Rule is not me 184 2005-185 Fire Safe 2005-188 Electrical	ception of Paragraph (e) y to existing facilities. et as evidenced by: ty-Rehearsal on Each Shift Outlet in Wet Location Equipment maintained Safe,					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPI	LETED
		HAL080030 B. WING			12/1	2/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
INAIVIE OF	FROVIDER OR SUFFLIER					
ELMCRO	OFT OF SALISBURY		DRESVILLE I			
	T .		RY, NC 2814			
(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 6	C 189			
	Operating 1. Based on obseremergency equipms afe and operating if they could not produring an emergency endergon and producing endergon e	rvation, the building's ent was not maintained in a condition. This would affect all amptly find their way to an exit cy. ber 12, 2019: the front, wall-mounted rgency light does not p power when the test button or near Smoke Barrier - the contained emergency light on backup power when the ed. or near Bedroom B-12 - the contained emergency light on backup power when the ed. rridor near Parlor - the exit nate on backup power when the ed. rridor near Parlor - the exit nate on backup power when or near Spa - the wall-mounted rgency light does not p power when the test button or near - the wall-mounted rgency light is making a in the test button is pushed. For near Bedroom C-5 - the self-contained emergency light on backup power when the				

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test button is pushed.

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
		HAI 080030	B. WING		40/4	2/2040
		HAL080030	J		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1915 MOC	RESVILLE	ROAD		
ELMCRO	OFT OF SALISBURY		RY, NC 2814			
	OLIMAN DV OTA		1		DNI .	0.45
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 190	Continued From no	7	C 189			
C 189	Continued From pa	ige 7	C 169			
	j. D Wing Corrido	or near Bedroom Utility Closet -				
		elf-contained emergency light				
		on backup power when the				
	test button is pushe					
	•					
	2. Based on obse	rvation the Building was not				
	maintained in a safe	e, in good operating condition				
		it because doors took more				
	opening force than	allowed by North Carolina				
	State Building Code					
	Findings on Decem					
		ard Gate - the gate rubs on the				
		g it from opening more that 30				
	degrees without the	e uses of extra force.				
		rvation, the cooking				
		ted with the range hood fire				
		n was not properly positioned				
		e of hazards. With cooking				
		sitioned, the range hood fire				
		n may not be capable of				
	suppressing a rang					
	Finding on 12-12-20					
		been moved forward and was				
	not properly situate	d under the system nozzle.				
	4 . D					
		ervation, door protection in				
		d enclosures Incidental areas				
		ained in a safe and operating				
		ld affect residents, staff and				
		e is not contained in Room of				
	origin.	L - 40 0040				
	Findings on Decem					
		y - the service corridor door, is				
		stance-rated enclosure. This ¾				
		peing held open with wedge				
	and a heavy box.					
	5. Based on obse	rvations, the Building fire				

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	or riealth Service Ne					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL080030	B. WING		12/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FLMCRO	OFT OF SALISBURY		RESVILLE I			
		SALISBUF	RY, NC 2814	17		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DAIL
				,		
C 189	Continued From pa	ge 8	C 189			
	safety was not mair	ntained in a safe and operating				
		d expose all to fire/smoke if				
	not contained in roc					
	Findings on Decem					
		Barrier near Bedroom A-11 -				
		e base of the exit sign not				
	firestopped as it pe					
	fire-resistance-rate					
		Barrier near - there is a gap				
		xit sign not firestopped as it				
		resistance-rated ceiling				
	assembly.	esistance-rated centing				
	,	cal Closet near Bedroom D-16				
		ot firestopped as it penetrates				
		rated ceiling assembly.				
		m - there is are two cables not				
	firestopped as they					
	fire-resistance-rated					
	6. Based on obse	rvation, the Facility failed to				
	maintain the electric	cal system in a safe and				
	operating condition.					
	Findings on Decem	ber 12, 2019:				
	a. A Wing Porch -	the ground-fault				
	circuit-interrupter (C	GFCI) electrical power				
	receptacle does not	t have electrical power,				
		be tested for ground fault.				
		m A-13 - a multiple plug				
		egral overcurrent protection, is				
		trical power receptacle.				
		Room - a multiple plug				
		egral overcurrent protection, is				
		trical power receptacle.				
		ea - the ground-fault				
		GFCI) electrical power				
	•	have electrical power,				
		ot be tested for ground faults.				
		m B-10 Bathroom - the				
		eptacle near the sink is not				
	protected against g	round faults.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL080030	B. WING		12/1	2/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ELMCRO	FT OF SALISBURY		RESVILLE RY, NC 2814			
(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 APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 9	C 189			
	corridor doors are roperating condition. Findings on Decema. Dining - the paismoke tight. There their meeting stiles the head stop. b. C Wing Employ is missing its latch to its frame. c. C Wing Living - its pull side door had cannot be open fror door also fits the fracompounding door d. C Wing Corridor corridor door does a closed. e. C Wing Bedroo assembly has a zer top edge of the door doorframe's stop. 8. Based on obse being maintained in condition. The fire sobstructed. This condischarge pattern or room. Findings on Decema. C Wing Storage minimum 18-inch of	ber 12, 2019: r of corridor doors are not is a 3/8-inch gap between and zero to 1/4-inch gap below ree Lounge - the corridor door bolt; therefore, the door cannot the corridor door is missing ndle. Therefore, the door m that side when shut. The ame unusually tight operations. or near Bedroom C-5 - the not latch into its frame when om C-16 - the corridor door to to 1/4 inch gap between the r leaf and the bottom of the rvations, the Building is not a safe and operating sprinkler heads have become and affect all if the fire sprinkler annot reach all areas of a ber 12, 2019: the items are stored within the learance area below the fire Deficiency corrected before				
	9. Based on obse System was not ma	rvation, the Building Sprinkler iintained in a safe and . This could affect all				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL080030	B. WING		12/1	2/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ELMCRO	FT OF SALISBURY		RESVILLE I			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
C 189	Continued From pa	ge 10	C 189			
	contained in the roc Findings on Decema. C Wing Laundr its escutcheon plate through the fire-res allows the spread of 10. Based on Obsemaintained in a safe Doors are blocked unapproved devices the facility could be closed or closed rap the door to limit the the area of origin. Findings on Decema. C Wing Employ has a wedge holding b. D Wing Bedrood a chair holding the	y - the fire sprinkler is missing e, exposing an opening istance-rated ceiling that if smoke and heat. ervation, corridor doors are not e and operating condition. open or held open by s or methods. All occupants in affected if doors cannot be pidly with a light push or pull of spread of smoke and fire to other 12, 2019:				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per n requirement does n	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This lot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL080030	B. WING		12/1	2/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		
ELMCRO	OFT OF SALISBURY		RESVILLE RY, NC 281			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 199	(5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not med 1. Based on Obserplastic sheet, the faventilation system is mechanically exhall Findings on Decement.	apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: ervation and testing with a thin acility failed to maintain the n rooms required to be usted. aber 12, 2019: accepting - the required exhaust	C 199			

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