Division of Health Service Regulation

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				
		HAL010011	B. WING		06/2	1/2023			
NAME OF PROVIDER OR SUPPLIER  OCEAN ISLE OPERATIONS  STREET ADDRESS, CITY, STATE, ZIP CODE  5490 ARBOR BRANCH DRIVE  SHALLOTTE, NC 28470									
(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)	LD BE	(X5) COMPLETE DATE			
C 000	Initial Comments		C 000						
C 101	Meyer conducted of Records indicate the April 23, 2018. The for 40 beds including Therefore, we are in the 2005 Regulation Seven or More Bed North Carolina State Occupancy (Group Deficiencies were of its required.  Existing Licensed For SECTION .0300 - For 10A NCAC 13F .03 Physical plant in care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effecting in service of renovation, or altered the requirements for addition or renovation than those requirements in the requirements for addition or renovation of the requirements for addition or renovation of the requirements for the requiremen	is facility was first licensed on a facility is currently Licensed ag a 24 bed Special Care Unit. equiring that this facility meet as for Adult Care Homes of a sand the 2012 edition of the e Building Code - Institutional I-2).  Sited and a Plan of Correction  Fac- No less than '71 Rules  PHYSICAL PLANT O1 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing a portions of existing licensed licensure and code ect at the time of construction, are bed count, addition, action; however in no case shall or any licensed facility where existing homes for the Aged and Infirm", available at the Division of culation at no cost;	C 101						
		ration the facility is not meeting							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

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		
		HAL010011	B. WING		06/2	1/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADD		DDRESS, CITY, STATE, ZIP CODE					
OCEAN I	SLE OPERATIONS		OR BRANCH DRIVE TE, NC 28470				
(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 CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE	
C 101	Continued From page 1		C 101				
	the intent of Rule 10A NCAC 13F .1304(8) stating "Direct access from the facility to a secured outside area shall be provided.  Findings on June 21, 2023:						
		e courtyard is not secured as a 4' fence with an unlocked					
C 189	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.		C 189				
	maintain the buildin safe condition. Hole are not sealed with preventing fire and the area of origin.	vation there is a failure to g's fire safety systems in a es or gaps at penetrations that proper material capable of smoke from spread beyond					
		1, 2023: lits in the main electrical room be sealed with the proper fire					

Division of Health Service Regulation STATE FORM