

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL099018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
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NAME OF PROVIDER OR SUPPLIER PATRIOT LIVING OF YADKINVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055
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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	<p>Initial Comments</p> <p>Report of a Construction Section Complaint/Fire Investigation by Ed Miller, conducted on August 14, 2023.</p> <p>This facility was licensed on 10/06/1983 for (50) FIFTY BEDS. The facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds</p> <p>The Complaint alleged that the facility had a fire.</p> <p>The complaint was substantiated.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, and record review, the Fire Alarm system is not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system.</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	Continued From page 1 Findings on August 14, 2023: a. Attic, HVAC Unit In Attic near Ladies Bathroom near Bedroom 13 - the duct detector was disassembled, and the fire alarm system was in trouble. Documentation received on August 16, 2023 showed the trouble had been cleared.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 facility failed to provide mechanical ventilation for required spaces. Findings on August 14, 2023: a. Ladies Bathroom near Bedroom 13 - The exhaust fan had been removed.	C 199		