STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		, , , , , , , , , , , , , , , , , , ,		A. BUILDING: U1		R
		FCL068036	B. WING			22/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IVEWEI	L ASSISTED LIVING		ULINE DRIVE . HILL, NC 275	14		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report By: Jonatha	n Gamsey				
	up on August 22, 20 at the above referen- indicate the home v 2011 as a Family C ambulatory Resider respond without any during a fire or other we are requiring the with the following: to 13G for Family Care Carolina State Build	a Section conducted a Follow 023 from 12:40 PM to 2:30PM need facility. DHSR records was first licensed on May 10, are Home for six (6) nts (able to evacuate and y physical or verbal assistance or emergency). Based on this home to be in compliance the 2005 Rules 10A NCAC e Homes and the 2006 North ling Code - Building Code - sidential Care Homes.				
	NOTES:					
	that require an acce	r visit, we cited deficiencies eptable plan of correction. All vere discussed with on-site interview.				
	once completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work	F			
	The cited deficienci	es are as follows;				
C 108	Existing Home Rem	nodeling-Submit Plans	C 108			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
			A. BUILDING: U	J1		R
		FCL068036	B. WING			22/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IVEWEI	L ASSISTED LIVING		ULINE DRIVE . HILL, NC 275	514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 108	Continued From page	ge 1	C 108			
	submitted by the ow representative to the	e facility shall have drawings /ner or his appointed e Division of Health Service w and approval prior to the work.				
	the LiveWell Assister construction work b plans. This is not co the necessary steps	e survey it was observed that ed Living home had started efore the approval of the ompliant with the rule. Take s going forward to submit the ed by the appropriate parties				
	the facility had insta deck without prior a not compliant with t meet the equipmen 12 inches of length 12G .0312. Take th forward to submit th	e survey it was observed that illed a new ramp in the back pproval of the plans. This is he rule. The Ramp does not t of a one-inch rise for every of the ramp per 10A NCAC he necessary steps that going he plans to be approved by the before starting construction	9			
	Bedroom #1 no long privacy for the resid and the new constru- bedroom. This is no the necessary steps	e survey it was observed that ger meets the requirement of lent due to the no door knobs, uction taking place in the ot compliant with the rule. Take is to bring bedroom #1 back to privacy of the resident.	e			
{C 117}	Have Current San.	And Fire Safety Approvals	{C 117}			
	SECTION .0300 - T 10A NCAC 13G .03					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		FCL068036	B. WING		R 22/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IVEWEI	LL ASSISTED LIVING		ULINE DRIVE			
			. HILL, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{C 117}	Continued From pa	ge 2	{C 117}			
	fire and building saf	I have current sanitation and ety inspection reports which in the home and available for				
	the Fire report and for review. This is n Take the necessary copies of the reque measures to ensure on-site for review as	e survey it was observed that Fire Drill logs were not on-site ot compliant with the rule. steps to provide our office sted reports and take that in the future copies are s requested. was not corrected at the time				
C 132	Bathroom-For Each	5 or Fewer	C 132			
	1984, shall have on					
	the residents only h bathroom due to co not compliant with t with the rule. Take t	et as evidenced by: e survey it was observed that ave one full operational nstruction in the home. This is he rule. This is not compliant he necessary steps to ensure ath is finished to be compliant				
C 142	Corridor-Night Light	S	C 142			
	SECTION .0300 - T 10A NCAC 13G .03					

STATE FORM

UUOX22

If continuation sheet 3 of 8

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED
		FCL068036	B. WING		R 08/22/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	LL ASSISTED LIVING	6720 PAL	JLINE DRIVE			
		CHAPEL	HILL, NC 27	514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 142	Continued From pa	ge 3	C 142			
	(b) Corridors shall	be lighted with night lights ndle power at the floor.				
	the corridor night lig compliant with the r to correct this defici	e survey, it was observed that only were missing. This is not rule. Take the necessary steps ency. y was not corrected at the time				
{C 174}	Building Equipment	Maintained Safe, Operating	{C 174}			
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition	a17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	the fire alarm in the is not compliant wit steps to correct this NOTE: All bedr when tested.	e survey, it was observed that rear hall did not sound. This h the rule. Take the necessary s deficiency. oom fire alarms sounded y was not corrected at the time				
	the stove hood light not compliant with t steps to correct this	was not corrected at the time				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION D1		E SURVEY PLETED
		FCL068036	B. WING		R 08/22/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	LL ASSISTED LIVING	6720 PAU	JLINE DRIVE			
		CHAPEL	HILL, NC 275	514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
{C 174}	Continued From pa	ge 4	{C 174}			
	the hot water tank p missing in the garage the rule. Take the n drain line to the tank *This deficiency of this follow-up sur 4. At the time of the the access panel to preventing inspection is not compliant with steps to supply pho *This deficiency of this follow-up sur 5. At the time of the the hall bathroom to This is not compliant necessary steps to	y was not corrected at the time vey survey, it was observed that the attic was bolted shut on of attic heat detectors. This in the rule. Take the necessary tos of the attic heat detectors. y was not corrected at the time vey survey, it was observed that bilet was loose at the base. In with the rule. Take the correct this deficiency. y was not corrected at the time				
	there was a moss b compliant with the r to correct this defici	/ was not corrected at the time				
	there was a tarp an room roof. This is n Take the necessary deficiencies.	e survey, it was observed that d leaf buildup over the laundry ot compliant with the rule. r steps to correct these / was not corrected at the time vey				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	СОМ	E SURVEY PLETED
		FCL068036	B. WING			R 22/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LIVEWEI	LL ASSISTED LIVING		ULINE DRIVE HILL, NC 275	14		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 174}	Continued From pa	ge 5	{C 174}			
	there was dirty sidir the rule. Take the nor the house. *This deficiency of this follow-up sur 9. At the side of the the left-hand side sid deteriorated and ha compliant with the r to correct this defici	survey, it was observed that iding trim board was id missing paint. This is not rule. Take the necessary steps iency. y was not corrected at the time				
	the left-hand side fa This is not compliar necessary steps to	te survey, it was observed that ascia trim had peeling paint. In with the rule. Take the correct this deficiency. If was not corrected at the time avey				
	the multiple new sid drop-offs. This is no the necessary steps	** e survey, it was observed that dewalks outside have ot compliant with the rule. Take s to add railing, hedges and or o to ensure the safety of the	9			
	in bedroom #3 the t wires. This is not co necessary steps to	roperly capped as a safety				
		e survey, it was observed that closet has disconnected				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		E SURVEY PLETED
		FCL068036	B. WING		R 08/22/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVEWEI	L ASSISTED LIVING		LINE DRIVE HILL, NC 275	514		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
{C 174}	Continued From pa	ge 6	{C 174}			
	the necessary step	ot compliant with the rule. Take s to ensure the ductwork is d and if needed metallic tape seal.				
	the evacuation plan walls correctly. This	ne survey, it was observed that is were not oriented on the is is not compliant with the rule. It steps to orientate the plans				
	the filters for the air clogged preventing unit. This is not con necessary steps to	he survey, it was observed that returns were dirty and clean airflow for the HVAC npliant with the rule. Take the install clean air filters and regular intervals so the HVAC operly.				
	multiple of the eme functioning as inten the rule. Take the n	ne survey, it was observed that rgency lights were not ided. This is not compliant with ecessary steps to replace the e the unit if needed.				
	the fire audible dev whole home. This is Take the necessary audible devices in t	he survey, it was observed that ice couldn't be heard in the s not compliant with the rule. If steps to add additional he home to ensure if a life happen all staff and residents				
	the spare sprinkler the head removal to	he survey, it was observed that head department was missing bol. This is not compliant with ecessary steps to have the				
	10 At the time of th	e survey, it was observed that				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: (CONSTRUCTION		E SURVEY PLETED
		FCL068036 B. WING			R 22/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IVEWE	LL ASSISTED LIVING		ULINE DRIVE HILL, NC 275	514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 174}	Continued From pa	ge 7	{C 174}			
	detectors. This is no Take the necessary that are interconnect 20. At the time of the the old basketball of the facility. This is no Take the necessary items are not stored are kept in a locked 21.) At the time of t in the closet next to is not installed. This Take the necessary	he survey it was observed that bedroom #4 a sprinkler head s is not compliant with the rule v steps to hire a professional to ead in the closet to ensure the	: •			