Division of Health Service Regulation (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 HAL009025 09/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET **WEST BLADEN ASSISTED LIVING BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Tod Hancock and Ryan Meyer conducted on September 12, 2023. Records indicate that this facility was first licensed as a Home for the Aged-on January 13, 1986. The facility is currently licensed for a capacity of 60 licensed beds including a 26 bed Special Care Unit. Therefore, this facility was inspected for conformance with the 1984 Rules for the Homes for the Aged and Disabled, the applicable components of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 (with revisions) North Carolina State Building Code: Group I - Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required. 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

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: 01		(X3) DATE SURVEY COMPLETED						
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WEST BLADEN ASSISTED LIVING 714 BLADEN STREET BLADENBORO, NC 28320											
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C 101	Continued From page 1		C 101								
	Health Service Reg	gulation at no cost;									
C 155	the Code requirement construction or alter components require operate doors equirement for the could affect all evacuate through the constructed slide bolts held in the closed preserved in the close	ation, the facility failed to meet ents in effect at the time of tration by not having all the ed to comply and properly pped with Special Locking. I occupants who need to he door(s). it- Courtyard-The egress gates osed position with manually s. The front gate could not be position by the lock. Good Repair PHYSICAL PLANT									

This Rule is not met as evidenced by:

1. Based on observations, the facility is not maintaining the floor in a safe condition.

a. Special Care Unit- Adjacent to the nurse's station, floor sections are missing and causing an uneven walking surface.

(2) Scatter or throw rugs shall not be used; and(3) All floors shall be kept in good repair.

C 188 Electrical Outlets in Wet Locations

C 188

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL009025 09/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET **WEST BLADEN ASSISTED LIVING BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 188 Continued From page 2 C 188 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1 Based on observation, the facility is not maintaining the electrical system in a safe manner. a. Hall Electrical Room-The receptacle adjacent to the water heater did not trip when tested indicating that it is not protected by a ground fault interrupter. b.Dining Room-The receptacle adjacent to the drink service counter did not trip when tested indicating that it is not protected by a ground fault interrupter. c. Laundry-The receptacle adjacent to the washing machines did not trip when tested indicating that it is not protected by a ground fault interrupter. C 189 Building Equipment Maintained Safe, Operating 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.

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Division of Health Service Regulation											
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
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17.0		,	17.00	DEFICIENCY)							
C 189	Continued From page 2		C 189								
C 109	Continued From page 3		C 169								
	This Rule is not me										
	1. Based on observation, the facility has failed to maintain the fire safety components in a safe and operating condition. This could allow a fire to										
	spread at a faster r										
		d suppression system is a dry									
	chemical system. Dry chemical systems have been phased out due to their inability to extinguish a deep fryer fire. This system has a										
		nber 11, 2022, indicating the									
	system is out of compliance										
	ayatani ia autor aanipiianioa										
	2. Based on observation, the corridor doors are not maintained in a safe and operating condition.										
		door does not readily fit into									
	the door jamb.										
	O. Developed Language and the state of										
	3.Based on observation, the building's egress components are not being maintained in a safe and operational condition. a. The glass panel in the egress door near the										
	Laundry is broken.										
	Lauriary is broken.										
	 4.Based on observation the building's emergency equipment was not maintained in a safe operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. a. Special Care Unit Room 103- The wall 										
	mounted self-contained emergency light did not										
	illuminate when the test button was pushed										
	b. Hall 200-The wall mounted emergency exit										
	lights did not illuminate when the test button was										
	pushed.										
	5.Based on observation, the building fire safety										
was not maintained in a safe operating condition.											
This could expose all to fire/smoke if not											

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in a safe condition.

116 degrees.

facilities plumbing system is not being maintained

a. Beauty Shop- The water temperature was more than 116 degrees. The water temperature should be maintained between 100 degrees and

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