STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377 NAME OF PROVIDER OR SUPPLIER STREET AD			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED	
		HAI 011377			01/10/2024		
		DDRESS, CITY, STATE, ZIP CODE		1 017	01/10/2024		
NILHAM	RIDGE			_			
			LE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CC PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THI DEFICIENCY)		TION SHOULD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Biennial Construction Section Survey report by Tod Hancock conducted on January 10, 2024.						
	Therefore, this facil conformance with t Carolina State Build for the Aged and In Standards and Reg portions of the 2005	It licensed on 02/01/1974. ity was surveyed for he 1967 edition of the North ding Code, the 1971 Homes firm Minimum Desired Julations and the applicable 5 Rules for Adult Care Homes teds. The facility is licensed for					
	Deficiencies have b Correction is requir	een cited and a Plan of ed.					
C 188	Electrical Outlets in Wet Locations		C 188				
	All adult care home locations at sinks, b	PHYSICAL PLANT 10 ELECTRICAL OUTLETS electrical outlets in wet pathrooms and outside of ground fault interrupters.	3				
		ration the facility is not ctrical components located e in a safe manner.					
		ceptacle behind the washing o on test indicating the lack of tion.					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	SECTION .0300 - F	PHYSICAL PLANT					

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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		
		HAL011377	B. WING		01/	10/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
WILHAM	PIDGE	30 DALE	A DRIVE			
	RIDGE	ASHEVII	LE, NC 28805	5		
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From page 1		C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the fire sa condition. Holes or fire resistant rated v smoke to spread be Findings on Januar a. Laundry Room-7	ation, there is a failure to fety systems in a safe gaps at penetrations through walls could allow fire and eyond the area of origin.				
		ration, the buildings plumbing ained in a safe manner. y 10, 2024:				
	water heaters are ru internal component b. Women's Visitor cover is missing.	ter metal jackets of the (2) usted through exposing s. Restroom- The floor drain stroom- The toilet seat is not				
C 199	Exhaust Ventilation		C 199			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			(3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		01/	10/2024	
NAME OF	PROVIDER OR SUPPLIER		 DDRESS, CITY, S1	TATE, ZIP CODE		10/2024	
VILHAN	I RIDGE		A DRIVE	5			
(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 COMPLE		
C 199	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping o (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1.Based on observa- maintaining its exha condition. This coul as well as mildew. Findings January 1 a. Women's Visitor not working.	ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed , with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, the facility is not aust fan in an operable d cause unnecessary odors					

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