	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 0	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED R 02/01/2024	
PROVIDER OR SUPPLIER						
GREEN ASSISTED LI	VING					
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		(X5) COMPLETE DATE	
Initial Comments		{C 000}				
Report by David Hickman						
Follow-up Survey o AM to 10:35 AM at At the time of the s	n February 1, 2024 from 10 the above referenced facilit urvey not all deficiencies we	:10 y.				
NOTES:						
that require an accordeficiencies listed v staff during the exit previous deficiencies from an open bienry	eptable plan of correction. A vere discussed with onsite interview. There were es that were not closed out nial survey, these deficiencie	SII				
once completed pro	ovide verification in the form					
Initial Licensure-Me	eet NCSBC	{C 105}				
10A NCAC 13G .03 CONSTRUCTION (a) Any building lid family care home s requirements of the Code. All new cons renovations to exist requirements of the Code for One and Residential Care Fa applicable volumes	202 DESIGN AND censed for the first time as a hall meet the applicable North Carolina State Build struction, additions and ting buildings shall meet the North Carolina State Build Two Family Dwellings and acilities if applicable. All of The North Carolina State	ing ing				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Initial Comments Report by David Hie DHSR Construction Follow-up Survey of AM to 10:35 AM at At the time of the si corrected therefore NOTES: 1.) At the time of out that require an accord deficiencies listed vist staff during the exit previous deficiencies from an open bien were brought forwa 2.) Take actions to once completed pro photos, receipts, im performed. Initial Licensure-Me SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (a) Any building lic family care home s requirements of the Code. All new cons requirements of the Code for One and Residential Care Fa applicable volumes	OF CORRECTION IDENTIFICATION NUMBER: FCL059028 FCL059028 PROVIDER OR SUPPLIER STREE SREEN ASSISTED LIVING 323 F MARI MARI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Report by David Hickman DHSR Construction Section conducted a Biem Follow-up Survey on February 1, 2024 from 10 AM to 10:35 AM at the above referenced facilit At the time of the survey not all deficiencies we corrected therefore further action is required. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. A deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 2.) Take actions to correct all listed deficiencies once completed provide verification in the form photos, receipts, invoices, etc. for all work performed. Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A AND building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Build Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Build Code for One and Two Family Dwellings and Residential Care Facilities if appl	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C FCL059028 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SREEN ASSISTED LIVING 323 FLEMING AVENUE MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Initial Comments {C 000} Report by David Hickman FOLOS-40 from 10:10 AM to 10:35 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. {C 105} SECTION .0300 - THE BUILDING 10A NCAC 136 .0302 DESIGN AND CONSTRUCTION (A) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings an	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SREEN ASSISTED LIVING 323 FLEMING AVENUE MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH CORRECTIVE ACI (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACI (EACH DEFICIENCY NOTES: 1.) At the time of our visit, we cited deficiencies were brought forward from previous survey. Initial Licensure-Meet NCSBC 2.) Take actions to correct all listed deficiencies, were brought forward from previous survey. {C 105} SECTION .0300 - THE BUILDING 10A NCAC 13G.0302 DESIGN AND CONSTRUCTION (A) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COM FCL059028 B. WING 02/ PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 232 FLEMING AVENUE STREET ADDRESS, CITY, STATE, ZIP CODE 323 FLEMING AVENUE PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR L5C DENTIFYING INFORMATION) PRETAX CROSS-REFERENCE Initial Comments {C 000} CROSS-REFERENCE CROSS-REFERENCE Report by David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on F6C Junary 1, 2024 from 10:10 AM to 10:35 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an opein biennial survey, these deficiencies were brought forward from previous survey. C 105} SECTION .0300 - THE BUILDING 10ANCAC 13G .0302 DESIGN AND CONSTRUCTION (C 105) SECTION .0300 - THE BUILDING 10ANCAC 13G .0302 DESIGN AND CONSTRUCTION C 105 SECTION .0300 - THE BUILDING 10ANCAC 13G .0302 DESIGN AND CONSTRUCTION Constant there the applicable requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

98MU22

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059028			CONSTRUCTION		(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING: (01	COM	COMPLETED	
		FCL059028	B. WING			R 02/01/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	GREEN ASSISTED LI	IVING					
	SUMMARY ST		I, NC 28752	PROVIDER'S PLAN OF C		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE	
{C 105}	Continued From page 1		{C 105}				
	Insurance Enginee Chapanoke Road, Carolina 27603 at a dollars (\$380.00). (b) Each home sh equipped and main offered in the home This Rule is not m 1. At the time of the the emergency egr	et as evidenced by: e survey it was observed that ress window in the staff					
	of 432 square incher the rule. Take the r staff bedroom to a emergency egress window in the curre	had not been corrected at the	e It				
ision of H	ealth Service Regulation						

98MU22