STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL092186	B. WING		03/2	21/2024
FOUNDATION SENIOR LIVING 1437 AVER			DRESS, CITY, S RSBORO RO NC 27529	STATE, ZIP CODE DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	Suzanna Fay, Jona Hersh conducted of Records indicate th October 22, 2021 for (126) Resident Bed information, the fac 2005 Rules for Adu More Beds and the Building Code, Insti	I Construction Survey by than Gamsey and Melissa in March 21, 2024. at the Facility was licensed on or One-Hundred Twenty-Six is. Based on the above ility is required to meet the It Care Homes of Seven or 2018 North Carolina State itutional (I-2) Occupancy.	C 000			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Observations re and floors were not Findings on March a. Room 301 - the head is not finished b. Room 309 - the wall/ceiling juncture	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: vealed that the walls, ceilings kept in good repair. 21, 2024: patching around the sprinkler l. paint is flaking at the corridor	C 164			

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

(X6) DATE TITLE

AND DI AN OF CORRECTION TO TREATMENT AND DI AND DI ANTONIA NI IMPERI		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL092186		B. WING		03/21/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
FOUNDA	TION SENIOR LIVING		RSBORO RO NC 27529	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
	trip hazard. d. First Floor - the	Assisted Bathroom creating a carpet is unraveling at the Sitting Room creating a trip				
C 185	Fire Safety-Rehears	sals on Each Shift	C 185			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.					
	was not conducting each shift. The fac	et as evidenced by: ds revealed that the facility quarterly fire rehearsals on lity was not including in the cription of what the rehearsal				
	conducted during the b. There was not a the third shift of 202 c. There was not a	ecords of fire rehearsals ne second quarter of 2023. fire rehearsal conducted on				

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2023.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL092186		B. WING		03/2	1/2024	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FOUNDA	TION SENIOR LIVING	ì	RSBORO RO NC 27529	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 185	Continued From pa	ge 2	C 185			
	d. There was not a what the rehearsal	short description provided of involved.				
C 189	Building Equipment	: Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, ambing equipment in an adult amaintained in a safe and				
	maintain the facility safe operating cond smoke compartment resistant rated door	et as evidenced by: vation there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if the fire s do not completely close to d of smoke and/or fire to the				
		e door at the second floor omatically close when the fire				
	maintain the facility safe operating cond smoke compartmen with closers do not	ration there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if doors automatically close and latch ead of smoke or fire to the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1.		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NOWIDER.		A. BUILDING: 01		COMPLETED			
		HAL092186	B. WING		03/2	03/21/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
		1437 AVE	RSBORO RO	DAD			
FOUNDA	TION SENIOR LIVING	1	NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 3	C 189				
	Findings on March a. Beauty Salon - to close and latch.	21, 2024: he door did not automatically					
	maintain the facility safe operating cond compartment could doors do not compl	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of					
	Findings on March 21, 2024: a. Room 308 - the door does not latch when closed. b. Room 118 - the door does not latch when closed. c. Room 108 - the weatherstripping around the door is too thick to allow the door to close without excessive force. 4. Based on observation there is a failure to						
	maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.						
	sprinkler head near a gap in the fire res b. Third Floor Sittin at the edge of the s leaving a hole in the c. Third Floor Mech Laundry - the escut head has dropped I resistant rated ceiling	escutcheon ring on the the entry has dropped leaving istant rated ceiling. In Room - there is a small gap prinkler head escutcheon ring e fire resistant rated ceiling. In anical off of Residential cheon ring on the sprinkler eaving a gap in the fire					

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01		001111 22 123		
HAL092186		B. WING		03/21/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FOLINDA	TION SENIOR LIVING	1437 AVE	RSBORO RO	DAD		
FOUNDA	CHOIN SENIOR LIVING	GARNER,	NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	on the back sprinkle was corrected at the e. Second Floor Soring on the sprinkle gap in the fire resist f. Second Floor Stot Laundry - the escut head has dropped I resistant rated ceiling. Service Hall near the sprinkler head he sprinkler head he sprinkler head he fire resistant rate at the time of surve h. First Floor Mech unsealed cable pent there are gaps in the Honeywell panel. 5. Based on obsermaintain the facility safe condition. In or smoke resident roo between the door a Findings on March a. Dining - there is a pair of double doors. 6. Based on obsermonents are no operable manner. In held open by unappet the occupants in the doors cannot be claimit the spread of sorigin. Findings on March.	er head has dropped. This et ime of survey. iled Utility - the escutcheon rhead has dropped leaving a tant rated ceiling. orage off of Residential cheon ring on the sprinkler eaving a gap in the fire ng. or exit - the escutcheon ring on has dropped leaving a gap in ed ceiling. This was corrected y. anical Room - there is a small letration on the right wall and e ceiling around the edges of el. In exit of the escutcheon ring on has dropped leaving a gap in ed ceiling. This was corrected y. anical Room - there is a small letration on the right wall and e ceiling around the edges of el. In exit of the escutcheon ring on has dropped leaving a gap in ed ceiling. This was corrected y. anical Room - there is a small letration on the right wall and e ceiling around the edges of el. In exit of the escutcheon ring on has dropped for each to resist the passage of m doors must not have gaps and the door frame stops. 21, 2024: In half inch gap between the swhen closed. In exit of the escutcheon ring on has dropped for each to resist the passage of m doors must not have gaps and the door frame stops. 21, 2024: In half inch gap between the swhen closed. In exit of the escutcheon ring on has dropped in a safe to resist the passage of m doors were blocked open or proved devices or methods. All the facility could be effected if the escutcheon ring on the secution of the escution of the escutcheon ring on the specific proved devices or methods. All the facility could be effected if the escution of the e				
	a. Second Floor Resident Kitchen - the door is					

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held open using a wedged device.

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORO ROAD GARNER, NC 27529 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK COMMETTE DATE CROSS-REFERENCE D TO THE APPROPRIATE DEFICIENCY TAGK COntinued From page 5 7. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on March 21, 2024: a. Courtyard - it appears that one of the third floor vent covers has fallen out over the Trash Room. 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on March 21, 2024: a. First Floor First Guest Toilet - the toilet is not secure to the floor.	AND DUAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
FOUNDATION SENIOR LIVING 1437 AVERSBORO ROAD GARNER, NC 27529 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) C 189 C 189 C Ontinued From page 5 7. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on March 21, 2024: a. Courtyard - it appears that one of the third floor vent covers has fallen out over the Trash Room. 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on March 21, 2024: a. First Floor First Guest Toilet - the toilet is not	HAL092186		B. WING		03/21/2024		
C 189 C 189 C 189 C 189 C 189	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
C 189 Continued From page 5 C 189	FOUNDA	ATION SENIOR LIVING			DAD		
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	C 189	7. Observations re equipment was not operating condition Findings on March a. Courtyard - it ap floor vent covers ha Room. 8. Observations re equipment was not operating manner. mounted to maintai sewer gas from ent Findings on March a. First Floor First	vealed that the mechanical maintained in a safe and 21, 2024: pears that one of the third as fallen out over the Trash vealed that the plumbing maintained in a safe and Water Closets securely n seal prevent water leaks and ering the facility. 21, 2024:	C 189			

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