

Goldsboro Assisted Living and Alzheimer's Care

2201 Royal Avenue

Goldsboro, NC 27534

P- (919) 735-7684

F- (919) 735-8552

Send to: <i>Suzanne Fay</i>	From: <i>Ann Day</i>
Attention:	Date: <i>3-11-25</i>
Fax Number: <i>919-733-6592</i>	Phone Number:

Δ Urgent

Δ Reply ASAP

Δ Please comment

Δ Please review

Δ For your information

Total pages, including cover: *15*

COMMENTS:

<i>Please email me + let me know</i>
<i>POC received. Thanks!</i>
<i>Ann</i>
<i>adaygboro@aol.com</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/17/2025
	HA1 A00031		

NAME OF PROVIDER OR SUPPLIER
GOLDSBORO ASSISTED LIVING & ALZHEIMER

ADDRESS, CITY, STATE, ZIP CODE
**11111111111111111111
GOLDSBORO, NC 27534**

DEFICIENCY ID	DEFICIENCY DESCRIPTION	STATUS	PROVIDER'S PLAN OF CORRECTION (REQUIRED FOR ALL DEFICIENCIES)	DATE
G 000	Initial Construction Report of a Biennial Construction Section Survey by Suzanna Fay conducted on February 11, 2025. This facility was first licensed on April 15, 1984 and is currently licensed for 56 Beds including a 24 Beds Special Care Unit. Therefore, this facility was surveyed for conformance with the 1984 Homes For the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	0 000		
G 111	Must Have Current Fire & Building Safety Inspection Report SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the facility. Findings on February 11, 2025: a. The most recent Fire Official's Inspection Report was dated July 27, 2023.	111	THE FACILITY SHALL HAVE 2005 FOR that there is a current fire & building safety inspection. Administrator will ensure the inspection is done annually by contacting the inspector annually during the month of the previous inspection & scheduling inspection. Reports will be maintained in facility by Administrator.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

[Signature]

Owner/Administrator

3-11-25

5899

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If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDSBORO ASSISTED LIVING & ALZHEIMER

**2201 ROYALE AVENUE
GOLDSBORO, NC 27534**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 160	Continued From page 1	C 160		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on February 11, 2025: a. There is a covered walk leading to the smoking pavilion. The roof over the walkway is sagging and has multiple holes with rain pouring through.	C 160	The facility will ensure 3/28/25 Outside grounds of new & existing facilities are maintained in a clean & safe condition. The maintenance director will inspect these areas monthly for any needed repairs and make these repairs as needed. Maintenance Director will report any needed repairs to Administration and a plan will be put in place to make sure repairs are completed.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept in good repair.	C 164	Administration will inspect repairs to make sure they are completed timely. The facility will ensure 3/14/25 that housekeeping and	

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Division of Health Service Regulation

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C 164	Continued From page 2 Findings on February 11, 2025: a. SCU Dining - the right side door is rubbing on the floor and scratching the vinyl floor tiles. b. SCU Staff Bath - a piece of the tile base has broken off at the shower leaving gaps in the wall for pests to enter. c. Activity Room - there is a two foot diameter water stain with a soft center in the middle of the ceiling. Staff revealed that they have identified the leak and are scheduling the repair. d. Room 120 - the paint finish on the floor is scraped off at the bathroom entry and at the far bed.	C 164	<i>Furnishings are kept in good repair. Maintenance Director will make rounds weekly to identify any areas needing repair. Identified areas will be repaired. Maintenance Director will notify Administrator of repairs needed & when repairs are completed.</i>	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on February 11, 2025: a. RCC Office - there are four oxygen bottles in a cardboard carrying case and one loose bottle on	C 166	<i>Facility will be maintained in an uncluttered, clean & orderly manner, free of all obstructions & hazards. Oxygen bottles will be stored in proper manner. RCC will monitor O₂ bottles when new bottles come in & maintain proper storage</i>	2/13/25

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C 166	Continued From page 3 the floor.	C 166			
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the fire rehearsals are not being conducted on each shift per quarter and do not include the staff members present.</p> <p>Findings on February 11, 2025:</p> <p>a. There was not a record of a fire drill on the second or third shift for the second and third quarters of 2024.</p> <p>b. There was not a record of a fire drill on the first or third shift for the fourth quarter of 2024.</p> <p>c. The records did not include the staff members present during the rehearsal.</p>	C 185	<p>Facility will ensure fire drills are held quarterly on each shift in accordance to the requirement of local Fire Prevention Code Enforcement Official.</p> <p>Administrator will create an annual schedule for fire drills to ensure all shifts are involved per rule.</p> <p>Attendance for drill will be documented on fire drill report.</p>	2/12/25	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 189			

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C 189	<p>Continued From page 4</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. 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 could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on February 11, 2025:</p> <p>a. The ceiling is settling along the joints outside of the Nurses Station. The finish is cracked and the finishing tape is peeling off compromising the fire resistant rated ceiling.</p> <p>b. Main Corridor - the ceiling is cracking at the attic access panel outside of the Executive Director's Office.</p> <p>c. There is a small hole at the base of the exit sign at Exit 2.</p> <p>d. Room 128 - there is an unsealed cable penetration in the ceiling to the right of the door.</p> <p>2. 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.</p> <p>Findings on February 11, 2025:</p> <p>a. Shower Room by 108 - the toilet is not secure to the floor.</p>	C 189	<p>The facility shall ensure the building & all fire safety, electrical, mechanical, & plumbing equipment shall be maintained in a safe & operating condition. Areas cited on survey have been or are in the process of being corrected.</p> <p>Maintenance Director will make weekly rounds addressing above. Any area needing repair will be repaired immediately.</p> <p>If the repair will take time to repair a plan will be put in place & reviewed & approved by Administrator.</p>	3/28/25

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C 189	Continued From page 5 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 11, 2025: a. Kitchen - the exit/emergency light did not illuminate on test. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 11, 2025: a. The right hand doors at both of the cross corridor fire doors were not latching fully.	C 189		
C 202	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 202	<i>The facility will ensure call bells will be maintained for all residents. Staff will be in service by Administration/ALL to make sure call bells are maintained for all residents.</i>	<i>3-6-25</i>

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Division of Health Service Regulation

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C 202	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the signaling devices were not maintained for all residents.</p> <p>Findings on February 11, 2025:</p> <p>a. Room 111 - the pull chords for the call signaling devices were missing. These were replaced at the time of survey.</p>	C 202	<p><i>NCC/SIC will make rounds daily to ensure call bells maintained for all residents. If there is an issue it will be reported to Maintenance Director for correction or repair.</i></p>	

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If continuation sheet 7 of 7

GOLDSBORO FD

INSPECTION REPORT

NULL, GOLDSBORO ASSISTED LIVING, 2201 ROYALL AVE, BLDG UNNAMED, GOLDSBORO NC
27530



DETAILS

Inspection Date: 02/20/2025 | Inspection Type: Energov Fire | Inspection Number: 18383 | Shift: Daytime 8-5 | Station: Station 1 |
Unit: CS | Lead Inspector: VADEN LEE | Other Inspectors: TIMMIE ATKINSON

VIOLATIONS AND COMPLIANCES

Showing only passed codes, violations, and images for this inspection. Please reach out to the lead inspector for more details.
Resolved Violations: 0 | Passed Codes: 25 | Violations: 0 | N/A Codes: 3

STATUS	CODE	DESCRIPTION
PASS	1003.6 - Blocked Exit	Obstructions shall not be placed in the required width of a means of egress except projections permitted by this chapter.
PASS	1005.1 - Exit Access Obstructed	No Code Description
PASS	1008.3 - 1008.3.5 - Emergency Lights inoperable	Emergency power for illumination. The power supply for means of egress illumination shall normally be provided by the premises' electrical supply.
PASS	1010.1.9 - Door Operation	Egress doors shall be readily operable from the egress side without use of a key or special knowledge or effort
PASS	1010.1.9.3 - Locks and Latches	Locks and latches shall be permitted to prevent operation of doors where any of the following exist: See reference pg 164, numbers 1-5.

STATUS	CODE	DESCRIPTION
PASS	1010.1.9.4 AND 1010.1.9.5 - Unapproved door locks or latches.	1010.1.9.4 Bolt locks. Manually operated flush bolts or surface bolts are not permitted. 1010.1.9.5 Unlatching. The unlatching of any door or leaf shall not require more than one operation.
PASS	1013.3 - Exit lights inoperable	Exit signs shall be internally or externally illuminated.
PASS	304.1 - 304.1.1 - General clean up of area or room	304.1 Waste accumulation prohibited. Combustible waste material creating a fire hazard shall not be allowed to accumulate in buildings or structures or upon premises. 304.1.1 Waste material. Accumulations of wastepaper, wood, hay, straw, weeds, litter or combustible or flammable waste or rubbish of any type shall not be permitted to remain on a roof or in any court, yard, vacant lot, alley, parking lot, open space, or beneath a grandstand, bleacher, pier, wharf, manufactured home, recreational vehicle or other similar structure.
PASS	315.3.1 - 18" Clearance below sprinkler head	315.3.1 Ceiling clearance. Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinkler areas of buildings.
PASS	315.3.2 - Combustible storage	Combustible storage in exits, aisles or under stairs.
PASS	505.1 - Premises Identification	Numbers shall not be spelled out. Characters shall not be less than 6 inches high with a minimum stroke width of 3/4 inch.
PASS	506.2 - Key Box Maintenance	The operator of the building shall immediately notify the fire code official and provide the new key where a lock is changed or rekeyed. The key to such lock shall be secured in the key box.

STATUS	CODE	DESCRIPTION
PASS	5303.5.3 - Compressed gas cylinders unsecured	5303.5.3 Securing compressed gas containers, cylinders and tanks. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity.
PASS	603.4 - Portable un-vented fuel fired heaters	Portable un-vented fuel fired heaters are prohibited in groups A, E, I, R-1, R-2, R-3 and R-4; Chapter 6 Section 603.4
PASS	605.3 - Required clearance around electrical panels	30 inches in width 36 inches depth and 78 inches in height.
PASS	605.5 - Improper use of extension cords	605.5 Extension cords. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.
PASS	605.6 - Unapproved Electrical Conditions	Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.
PASS	609.3.3.1 - Hood System Cleaning	Hood, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals necessary to prevent the accumulation of grease. Cleanings shall be recorded, and records shall state the extent, time and date of cleaning. Such records shall be maintained on the premises.
PASS	703.1.2 - Smoke barriers	Required smoke barriers shall be maintained to prevent the passage of smoke and all openings protected with approved smoke barrier doors or smoke dampers.

STATUS

CODE

DESCRIPTION

PASS

901.4.5 - Appearance of equipment

901.4.5 Any device that has the physical appearance of life safety or fire protection equipment but does not perform that life safety or fire protection shall be prohibited.

PASS

904.5.1 AND 904.6.1 - Kitchen suppression system 6 month service

Both dry and wet chemical suppression systems shall be inspected and tested for proper operation at 6-month intervals.

PASS

906.1 - Portable Fire Extinguisher Required.

Portable fire extinguishers shall be installed in all of the following locations: 1. In new and existing Group A, B, E, F, H, I, M, R-1, R-2, R-4 and S occupancies.

PASS

906.2 - Fire Extinguishers need annual service

Portable fire extinguishers shall be selected, installed and maintained in accordance with NFPA 10.

PASS

907.6 - Installation and monitoring. (Fire Alarm System)

A fire alarm system shall be installed and monitored in accordance with Sections 907.6.1 through 907.6.6.2 and NFPA 72.

PASS

907.8.5 - Smoke Alarm/Fire Alarm System Inspect. and Maint.

The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service shall meet NFPA 72

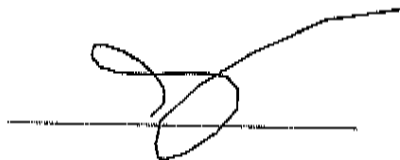
NEXT INSPECTION DATE

No Inspection Scheduled

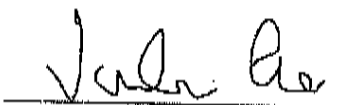
Invoice Date: N/A | Inspection Fee: \$0 | Date Paid: N/A | Amount Paid: N/A | Invoice Number: N/A | Check Number: N/A |
Transaction Number: N/A

CONTACT SIGNATURE

Ann Day
Signed on: 02/20/2025 @ 10:06

**INSPECTOR SIGNATURE**

VADEN LEE
Signed on: 02/20/2025 @ 10:06

**QUESTIONS ABOUT YOUR INSPECTION?**

VADEN LEE
vlee@goldsboronc.gov
9197397411

2025 FIRE DRILL SCHEDULE:

MONTH	SHIFT	DATE HELD
JANUARY	1 ST	1/17/2025
FEBRUARY	3 RD	2/9/2025
MARCH	2 ND	3/3/2025
APRIL	1 ST	
MAY	3 RD	
JUNE	2 ND	
JULY	1 ST	
AUGUST	3 RD	
SEPTEMBER	2 ND	
OCTOBER	1 ST	
NOVEMBER	3 RD	
DECEMBER	2 ND	

In-Service

DATE: March 5-6, 2025

PRESENTER: Ann Day, Administrator

TOPIC: Call Bells

Sherr Whitfield, RNC

CONTENT: Call bells must be available for each resident at all times. If a resident is "playing with" the call bell, you should distract resident or remove them from area. Do not remove the call bell. Always assess resident who pushed call bell for any need.

SIGNATURE:

Sherr King-Whitfield

Muanga Dumas

Michelle Plall

Janette Jones

Jugor Hills

Lea Ruth

Kubert Bueen

Barbara Parks

Tracy

James Arnold

Ann Chapman

Terrence Stephenson

Joseph Shelden

Lisa Leck

SIGNATURE:

Khaylah Miller

Carrie Blalock

Condon Finch

Toni Brown

Danell D

Ralph M

Maria Montoya

Goldsboro Assisted Living and Alzheimer's Care

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If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDSBORO ASSISTED LIVING & ALZHEIMER

**2201 ROYALE AVENUE
GOLDSBORO, NC 27534**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 160	Continued From page 1	C 160		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on February 11, 2025: a. There is a covered walk leading to the smoking pavilion. The roof over the walkway is sagging and has multiple holes with rain pouring through.	C 160 C 160	The facility will ensure 3/28/25 Outside grounds of new & existing facilities are maintained in a clean & safe condition. The maintenance director will inspect these areas monthly for any needed repairs and make these repairs as needed. Maintenance Director will report any needed repairs to Administrator and a plan will be put in place to make sure repairs are completed. Administrator will inspect repairs to make sure they are completed timely.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept in good repair.	C 164	The facility will ensure 3/14/25 that housekeeping and	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDSBORO ASSISTED LIVING & ALZHEIMER

**2201 ROYALE AVENUE
GOLDSBORO, NC 27534**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 2 Findings on February 11, 2025: a. SCU Dining - the right side door is rubbing on the floor and scratching the vinyl floor tiles. b. SCU Staff Bath - a piece of the tile base has broken off at the shower leaving gaps in the wall for pests to enter. c. Activity Room - there is a two foot diameter water stain with a soft center in the middle of the ceiling. Staff revealed that they have identified the leak and are scheduling the repair. d. Room 120 - the paint finish on the floor is scraped off at the bathroom entry and at the far bed.	C 164	furnishings are kept in good repair. Maintenance Director will make rounds weekly to identify any areas needing repair. Identified areas will be repaired. Maintenance Director will notify Administrator of repairs needed & when repairs are completed.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on February 11, 2025: a. RCC Office - there are four oxygen bottles in a cardboard carrying case and one loose bottle on	C 166	Facility will be maintained in an uncluttered, clean & orderly manner, free of all obstructions & hazards. Oxygen bottles will be stored in proper manner. RCC will monitor O ₂ bottles when new bottles come in & maintain proper storage.	2/13/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER GOLDSBORO ASSISTED LIVING & ALZHEIMER			STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO, NC 27534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 166	Continued From page 3 the floor.	C 166			
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals are not being conducted on each shift per quarter and do not include the staff members present.</p> <p>Findings on February 11, 2025: a. There was not a record of a fire drill on the second or third shift for the second and third quarters of 2024. b. There was not a record of a fire drill on the first or third shift for the fourth quarter of 2024. c. The records did not include the staff members present during the rehearsal.</p>	C 185	<p>Facility will ensure fire drills are held quarterly on each shift in accordance with the requirement of local Fire Prevention Code Enforcement Official.</p> <p>Administrator will create an annual schedule for fire drills to ensure all shifts are involved per rule.</p> <p>Attendance for drill will be documented on fire drill report.</p>	2/12/25	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 189			

Division of Health Service Regulation
STATE FORM

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If continuation sheet 4 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDSBORO ASSISTED LIVING & ALZHEIMER

**2201 ROYALE AVENUE
GOLDSBORO, NC 27534**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 4</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. 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 could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on February 11, 2025:</p> <p>a. The ceiling is settling along the joints outside of the Nurses Station. The finish is cracked and the finishing tape is peeling off compromising the fire resistant rated ceiling.</p> <p>b. Main Corridor - the ceiling is cracking at the attic access panel outside of the Executive Director's Office.</p> <p>c. There is a small hole at the base of the exit sign at Exit 2.</p> <p>d. Room 128 - there is an unsealed cable penetration in the ceiling to the right of the door.</p> <p>2. 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.</p> <p>Findings on February 11, 2025:</p> <p>a. Shower Room by 108 - the toilet is not secure to the floor.</p>	C 189	<p>The facility shall ensure the building & all fire safety, electrical, mechanical, & plumbing equipment shall be maintained in a safe & operating condition. Areas cited on survey have been or are in the process of being corrected.</p> <p>Maintenance Director will make weekly rounds addressing above. Any area needing repair will be repaired immediately. If the repair will take time to repair a plan will be put in place & reviewed & approved by Administration.</p>	3/28/25

Division of Health Service Regulation
STATE FORM

6899

08BG21

If continuation sheet 5 of 7

PRINTED: 02/25/2025
FORM APPROVED

Division of Health Service Regulation



UNITED STATES

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UNITED STATES

UNITED STATES ASSISTED LIVING & ALZHEIMER

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GOLDSBORO FD

INSPECTION REPORT

NULL, GOLDSBORO ASSISTED LIVING, 2201 ROYALL AVE, BLDG UNNAMED, GOLDSBORO NC
27530



DETAILS

Inspection Date: 02/20/2025 | Inspection Type: Energov Fire | Inspection Number: 18383 | Shift: Daytime 8-5 | Station: Station 1 |
Unit: C5 | Lead Inspector: VADEN LEE | Other Inspectors: TIMMIE ATKINSON

VIOLATIONS AND COMPLIANCES

Showing only passed codes, violations, and images for this inspection. Please reach out to the lead inspector for more details.
Resolved Violations: 0 | Passed Codes: 25 | Violations: 0 | N/A Codes: 3

STATUS	CODE	DESCRIPTION
PASS	1003.6 - Blocked Exit	Obstructions shall not be placed in the required width of a means of egress except projections permitted by this chapter.
PASS	1005.1 - Exit Access Obstructed	No Code Description
PASS	1008.3 - 1008.3.5 - Emergency Lights Inoperable	Emergency power for illumination. The power supply for means of egress illumination shall normally be provided by the premises' electrical supply.
PASS	1010.1.9 - Door Operation	Egress doors shall be readily operable from the egress side without use of a key or special knowledge or effort
PASS	1010.1.9.3 - Locks and Latches	Locks and latches shall be permitted to prevent operation of doors where any of the following exist: See reference pg 164, numbers 1-5.

STATUS	CODE	DESCRIPTION
PASS	1010.1.9.4 AND 1010.1.9.5 - Unapproved door locks or latches.	1010.1.9.4 Bolt locks. Manually operated flush bolts or surface bolts are not permitted. 1010.1.9.5 Unlatching. The unlatching of any door or leaf shall not require more than one operation.
PASS	1013.3 - Exit lights inoperable	Exit signs shall be internally or externally illuminated.
PASS	304.1 - 304.1.1 - General clean up of area or room	304.1 Waste accumulation prohibited. Combustible waste material creating a fire hazard shall not be allowed to accumulate in buildings or structures or upon premises. 304.1.1 Waste material. Accumulations of wastepaper, wood, hay, straw, weeds, litter or combustible or flammable waste or rubbish of any type shall not be permitted to remain on a roof or in any court, yard, vacant lot, alley, parking lot, open space, or beneath a grandstand, bleacher, pier, wharf, manufactured home, recreational vehicle or other similar structure.
PASS	315.3.1 - 18" Clearance below sprinkler head	315.3.1 Ceiling clearance. Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinkler areas of buildings.
PASS	315.3.2 - Combustible storage	Combustible storage in exits, aisles or under stairs.
PASS	505.1 - Premises Identification	Numbers shall not be spelled out. Characters shall not be less than 6 inches high with a minimum stroke width of 3/4 inch.
PASS	506.2 - Key Box Maintenance	The operator of the building shall immediately notify the fire code official and provide the new key where a lock is changed or rekeyed. The key to such lock shall be secured in the key box.

STATUS	CODE	DESCRIPTION
PASS	5303.5.3 - Compressed gas cylinders unsecured	5303.5.3 Securing compressed gas containers, cylinders and tanks. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity.
PASS	603.4 - Portable un-vented fuel fired heaters	Portable un-vented fuel fired heaters are prohibited in groups A, E, I, R-1, R-2, R-3 and R-4: Chapter 6 Section 603.4
PASS	605.3 - Required clearance around electrical panels	30 inches in width 36 inches depth and 78 inches in height.
PASS	605.5 - Improper use of extension cords	605.5 Extension cords. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.
PASS	605.6 - Unapproved Electrical Conditions	Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.
PASS	609.3.3.1 - Hood System Cleaning	Hood, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals necessary to prevent the accumulation of grease. Cleanings shall be recorded, and records shall state the extent, time and date of cleaning. Such records shall be maintained on the premises.
PASS	703.1.2 - Smoke barriers	Required smoke barriers shall be maintained to prevent the passage of smoke and all openings protected with approved smoke barrier doors or smoke dampers.

STATUS

CODE

DESCRIPTION

PASS

901.4.5 - Appearance of equipment

901.4.5 Any device that has the physical appearance of life safety or fire protection equipment but does not perform that life safety or fire protection shall be prohibited.

PASS

904.5.1 AND 904.6.1 - Kitchen suppression system 6 month service

Both dry and wet chemical suppression systems shall be inspected and tested for proper operation at 6-month intervals.

PASS

906.1 - Portable Fire Extinguisher Required.

Portable fire extinguishers shall be installed in all of the following locations: 1. In new and existing Group A, B, E, F, H, I, M, R-1, R-2, R-4 and S occupancies.

PASS

906.2 - Fire Extinguishers need annual service

Portable fire extinguishers shall be selected, installed and maintained in accordance with NFPA 10.

PASS

907.6 - Installation and monitoring. (Fire Alarm System)

A fire alarm system shall be installed and monitored in accordance with Sections 907.6.1 through 907.6.6.2 and NFPA 72.

PASS

907.8.5 - Smoke Alarm/Fire Alarm System Inspect. and Maint.

The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service shall meet NFPA 72

NEXT INSPECTION DATE

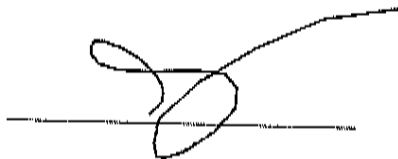
No Inspection Scheduled

FEE

Invoice Date: N/A | Inspection Fee: \$0 | Date Paid: N/A | Amount Paid: N/A | Invoice Number: N/A | Check Number: N/A |
Transaction Number: N/A

CONTACT SIGNATURE

Ann Day
Signed on: 02/20/2025 @ 10:06



INSPECTOR SIGNATURE

VADEN LEE
Signed on: 02/20/2025 @ 10:06



QUESTIONS ABOUT YOUR INSPECTION?

VADEN LEE
vlee@goldsboronc.gov
9197397411

2025 FIRE DRILL SCHEDULE:

MONTH	SHIFT	DATE HELD
JANUARY	1 ST	1/17/2025
FEBRUARY	3 RD	2/9/2025
MARCH	2 ND	3/3/2025
APRIL	1 ST	
MAY	3 RD	
JUNE	2 ND	
JULY	1 ST	
AUGUST	3 RD	
SEPTEMBER	2 ND	
OCTOBER	1 ST	
NOVEMBER	3 RD	
DECEMBER	2 ND	

In-Service

DATE: March 5-6, 2025

PRESENTER: Ann Day, Administrator
Shirley Whitfield, RCC

TOPIC: Call Bells

CONTENT: Call bells must be available for each resident at all times. If a resident is "playing with" the call bell, you should distract resident or remove them from area. Do not remove the call bell. Always assess resident who pushed call bell for any need.

SIGNATURE:

[Signature]
Shirley King-Whitfield
Muamara Buma
Wendy Plall
Donna Jones
Jugor Hills
Lisa Ruth
Karen Buehler
Barbara Parks
Lisa Cox
David Arnold
Ann Chapman
Jessamine Stehman
Joseph Shalpin
Lisa Lopez

SIGNATURE:

Khaylah Miller
Carrie Blalock
Condon Finner
Toni Brown
Danell
Calvin Wyl
Maria Montoya