# Goldsboro Assisted Living and Alzheimer's Care

2201 Royal Avenue Goldsboro, NC 27534 P- (919) 735-7684 F- (919) 735-8552

Send to: Suzanna Fay	From: Ann Day
Attention:	Date: 3-1)-35
Fax Number: 914-733-6592	Phone Number:

- ∆ Urgent
- Δ Reply ASAP
- Δ Please comment
- Δ Please review
- Δ For your information

Total pages, including cover: 15

#### COMMENTS:

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	This facility was fire and is currently lice 24 Beds Special Cawas surveyed for commes For the Age Standards and Reg the 2005 Rules for Homes of Seven or portions of the 1978 North Carolina Build Occupancy.	al Construction Section Survey and acted on February 11, 2025. It licensed for 56 Beds including a sare Unit. Therefore, this facility conformance with the 1984 and Disabled Minimum pulations, applicable portions of Licensing of Adult Care More Beds and applicable 3 (Revision 5) Edition of the ding Code, Institutional een cited and a Plan of ed.				
C 111	Must Have Correct	רבי מים לוולוון בי מים ביים	■ III	ן א <b>ור</b> לווריוור אונו ן	שונונן זענ	ă≬Mii
r iii	tire and building safe shall be maintained review.  This Rule is not me 1. Review of record not have current fire aspection reports multiplications.	DESIGN AND  nave current sanitation and ety inspection reports which in the home and available for the as evidenced by: s revealed that the facility did and building safety aintained in the facility.  y 11, 2025: Fire Official's Inspection		that there is a fine a buildy will ensure to contact the annually dung of the previous of scheduly instructions will be in facility by an annually dung of scheduly instructions will be in facility by an annually dury	he inspector spector inspector.	ston with tion
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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 HAL096031 B. WING 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO ASSISTED LIVING & ALZHEIMER GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 160 Continued From page 1 C 160 C 160 Outside Premises-Clean, Safe The facility will enouse 3/28/25 C 160 SECTION .0300 - PHYSICAL PLANT Outside grounds at new 1 existy facilities are 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: manitained in a clean (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe + safe condition. The condition: man tenarce director will insper these great This Rule is not met as evidenced by: 1. Observations revealed that the outside monthly for any needed grounds were not maintained in a clean and safe condition. repairs and inche these repairs as needed. Findings on February 11, 2025: a. There is a covered walk leading to the mantenance Director smoking pavilion. The roof over the walkway is sagging and has multiple holes with rain pouring will report any needed through. repairs to admi souther C 164 Housekeeping and Furnishings-Clean, Repaired and a plan will be C 164 pus in place to make SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND one repairs are completed. **FURNISHINGS** (a) Adult care homes shall: administrator will (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; inspect upairs to make (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; sure they are completed (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 The Lacility will enoune 3/14/25 and floors were not kept in good repair. that houseleeping and Division of Health Service Regulation STATE FORM

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	the floor and scratch b. SCU Staff Bath - broken off at the she for pests to enter. c. Activity Room - the water stain with a so ceiling. Staff reveals the leak and are schell. Room 120 - the pscraped off at the babed.  Housekeeping-Main SECTION .0300 - PI	right side door is rubbing on ning the vinyl floor tiles. a piece of the tile base has ower leaving gaps in the wall nere is a two foot diameter oft center in the middle of the ed that they have identified reduling the repair. Caint finish on the floor is athroom entry and at the far tained Free of Hazards  HYSICAL PLANT 6 HOUSEKEEPING AND	C 166	function will on pain. I Director will or repair. and a reco will be maintenance to will not by a repair of repairs one when repairs we completed.	Tolestit repaired Drieston Administer ded & are	èd.
	<ul><li>(5) be maintained in orderly manner, free hazards;</li></ul>	an uncluttered, clean and of all obstructions and pply to new and existing		Facility will in maintained in uncluttered, cla	an	2]13 /2s
i f	maintained free from were improperly store any means of restrair alling or being knock danger to the occupa indings on February RCC Office - there	tion the facility was not hazards. Oxygen bottles ed. Oxygen bottles without on the prevent them from ed over may present a nts of the facility.		bother wile be 3 will manner or all obstructions and and and or with the suite be 3 will manner or when new bottle	free from yer stared . RCC bother	
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	the floor.			,		
C 185	Fire Safety-Rehears	sals on Each Shift	C 185			
	SECTION .0300 - P	HVSICAL DLANT		tacility will es	m	2/12/2
	10A NCAC 13F .030	9 PLAN FOR		die diella a	- held	
	EVACUATION (b) There shall be n	ehearsals of the fire plan		<i>y</i>	54	1/4
	quarterly on each sh	iff in accordance with the		facility will en fine driells a quartery on.	each or	192.
	Enforcement of the lo	ocal Fire Prevention Code		in accordance à	the	
	(c) Records of rehea	arsals shall be maintained		requirement &	V local	
	and copies furnished social services annu	to the county department of ally. The records shall		Fine Prevention	Lade	
	include the date and	time of the rehearsals, the		har Maven trem		
	snift, staff members description of what the	present, and a short he rehearsal involved.		Enforcement O	forcial	•
	(f) This Rule shall a facilities.	oply to new and existing		administrator		
	This Rule is not met	as evidenced by:		veate an ann	uel	
	<ol> <li>Review of records</li> </ol>	revealed that the fire		schedule for	Jue	
	renearsais are not be per quarter and do no present.	eing conducted on each shift of include the staff members		duils to enou		
į.	•		1	all shifts an	_	
	Findings on February a. There was not a re	v 11, 2025: ecord of a fire drill on the		all shifts and	ule.	
6	second or third shift fo quarters of 2024.	or the second and third		attendance for will be downered on fine drill a	diel	
l k	<ol> <li>There was not a refer to the control of t</li></ol>	ecord of a fire drill on the		will be downe	whol	
"	The records did no resent during the ref	ne fourth quarter of 2024.  ot include the staff members nearsal.		on fine drill i	eport.	
C 189 E	Building Equipment M	aintained Safe, Operating	C 189			
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	REQUIREMENTS  (a) The building an mechanical, and plucare home shall be operating condition.  (k) This Rule shall facilities with the exwhich shall not apply the shall not apply.  This Rule is not mean and the building safe condition. Hole through fire resistant fire and smoke to strong a. The ceiling is set of the Nurses Station the finishing tape is fire resistant rated on the static access panel or b. Main Corridor - the attic access panel or Director's Office.  There is a small his sign at Exit 2.  The ceiling is the response of the ceiling in the ceiling are ceiling at Exit 2.  Cobservations reveault manner.	d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities.  It as evidenced by: ration there is a failure to g's fire safety systems in a s or gaps at penetrations to rated ceilings could allow bread beyond the area of the finish is cracked and peeling off compromising the eiling.  The finish is cracking at the utside of the Executive sole at the base of the exit is an unsealed cable fling to the right of the door.  The finish is cracking at the utside of the finish is cracking at the utside of the Executive sole at the base of the exit is an unsealed cable fling to the right of the door.  The finish is cracking at the utside of the Executive sole at the base of the exit is an unsealed cable fling to the right of the door.  The finish is cracking at the utside of the Executive sole at the base of the exit is an unsealed cable fling to the right of the door.  The finish is cracking at the utside of the Executive sole at the base of the exit is an unsealed cable fling to the right of the door.	C 189	The facility shows anome the built of all fine safety alectrical, mechan to plus a safe to open and the process on survey have been another the process are in the process and the make week rounds adoluse above. Any area repaired with the repaired in the paired to repair with the repaired in the paired in the paired in the paired in the paired in the repaired in th	dig micel ment tig did an on di dela ile indin	3   28   25
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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 HAL096031 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO ASSISTED LIVING & ALZHEIMEF GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 5 C 189 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. The Jacility will 3-6anowe call bells
will be nain forward
for all residents.
5+aft will be in serviced
by administrator/
nce to make some C 202 Existing Fac. Housing Non-ambs-Hand Bells C 202 3-6-25 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 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. call bells are maintaid as all residentes. Division of Health Service Regulation STATE FORM

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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.

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CODE	DESCRIPTION
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.
1013.3 - Exit lights inoperable	Exít signs shall be internally or externally illuminated.
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.
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 celling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinkler areas of buildings.
315.3.2 - Combustible storage	Combustible storage in exits, aisles or under stairs.
505.1 - Premises Identification	Numbers shall not be spelled out. Characters shall not be less that 6 inches high with a minimum stroke width of 3/4 inch.
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.
	1010.1.9.4 AND 1010.1.9.5 - Unapproved door locks or latches.  1013.3 - Exit lights inoperable  304.1 - 304.1.1 - General clean up of area or room  315.3.1 - 18" Clearance below sprinkler head  315.3.2 - Combustible storage

Printed on 02/20/2025 @ 10:09 Page 2 of 5

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 cordsshall not be a substitute for permanent wiring. Extension cordsand flexible cords shall not be affixed to structures, extendedthrough walls, ceilings or floors, or under doors or floor coverings,nor shall such cords be subject to environmental damageor physical impact. Extension cords shall be used only withportable 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.

Printed on 02/20/2025 @ 10:07 Page 3 of 5

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.
	or to the management, and anything the management of the second of the s	

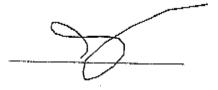
No Inspection Scheduled

Printed on 02/20/2025 @ 10:07 Page 4 of 5 Involce Date: N/A | Inspection Fee: \$0 | Date Paid: N/A | Amount Paid: N/A | Involce 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

July la

### QUESTIONS ABOUT YOUR INSPECTION?

VADEN LEE vlee@goldsboronc.gov 9197397411

> Printed on 02/20/2025 @ 10:07 Page 5 of 5

## 2025 FIRE DRILL SCHEDULE:

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

## In-Service

DATE: March 5-6, 2025	PRESENTER: Ann Day,	administ
TOPIC: <u>Call Bells</u>	Shew While	field RCC
CONTENT: Call bello must	be available No	each
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# Goldsboro Assisted Living and Alzheimer's Care

2201 Royal Avenue

- (^1r) req root |- (919) 735-8552

Send to:	From:
Attention:	Date: 3-1)-25
Fax Number: 914 - 733 - 4592	Phone Number:

- ∆ Urgent
- △ Reply ASAP
- Δ Please comment
- Δ Please review
- $\Delta$  . For your information

Total pages, including cover: 15

#### COMMENTS:

. Please email me + let me Know	
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aday gboro@aol.com	
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STATEMEN	of Health Service R NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(VALLE III -	31	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION S: 01	(X3) DATE SUR' COMPLETE
		HAL096031	B. WING_		02/11/20
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY	STATE, ZIP CODE	
GOLDSE	BORO ASSISTED LIVI	NG & ALZHEIME: 2201 RC	YALE AVEN	UE .	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DESIGNATES	ID	PROVIDER'S PLAN OF CORRI	
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION ST CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE CO
C 000	Initial Comments		C 000		
	Report of a Biennia by Suzanna Fay co	l Construction Section Survey nducted on February 11, 2025			
	24 Beds Special Ca was surveyed for co	t licensed on April 15, 1984 nsed for 56 Beds including a re Unit. Therefore, this facility informance with the 1984 d and Disabled Minimum			
	the 2005 Rules for L Homes of Seven or portions of the 1978	ulations, applicable portions of icensing of Adult Care More Beds and applicable (Revision 5) Edition of the ing Code, Institutional			
	Deficiencies have be Correction is require	een cited and a Plan of d.			
C 111	Must Have Current S	San. & Fire Safety Reports	C 111	The facility shall	ensure 2/2
1.	SECTION .0300 - PH 10A NCAC 13F .030	1YSICAL PLANT 2 DESIGN AND		The facility shall that there is a a fue . buildy so	ment
	CONSTRUCTION( ) The facility shall h	ave current sanitation and		fire a buildy 50	- Vety
5	ire and building safe shall be maintained i	ty inspection reports which the home and available for		inspection. Admir	1. 5 trades
r	eview.			will ensure the	6
1	This Rule is not met . Review of records	as evidenced by: revealed that the facility did		to done annually the in	spector
ח	iot have current fire a	and building safety sintained in the facility.		annually dung ?	the month
F	indings on February	11, 2025:		EV the previous	inspection
a	. The most recent F Report was dated Jul	ire Official's Inspection		I Scheduly inspe	cofi on
		-		nepors wice be man	
n of Heal ATORY D	th Service Regulation IRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGN.	ATI IDE		
		/)	11 LKE	, TITLE	(X6) DATE - )   -

<u>Division of Health Service Regulation</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL096031 B. WING 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE **GOLDSBORO ASSISTED LIVING & ALZHEIMES** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE DATE TAG TAG DEFICIENCY) C 160 Continued From page 1 C 160 C 160 Outside Premises-Clean, Safe C 160 The facility will enouse 3/28/25 SECTION .0300 - PHYSICAL PLANT Outside grounds of new 1 existy facilities are 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing maintained in a clean facilities shall be maintained in a clean and safe + safe condition. The condition; nom tenare director This Rule is not met as evidenced by: will insper these great 1. Observations revealed that the outside monthly for any needed grounds were not maintained in a clean and safe condition. epairs and make Findings on February 11, 2025: a. There is a covered walk leading to the Maintenance Director smoking pavilion. The roof over the walkway is sagging and has multiple holes with rain pouring will riport any readed through. repairs to admi snatos C 164 Housekeeping and Furnishings-Clean, Repaired and a plan will be C 164 pus in place to make SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND e repairs are completed. **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; inspect upairs to make (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; sure they are complished (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: The Lacility will enoun 3/14/25 Observations revealed that the walls, ceilings and floors were not kept in good repair. that houseleeping and Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 7

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL096031 B. WING 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **GOLDSBORO ASSISTED LIVING & ALZHEIME!** 2201 ROYALE AVENUE GOLDSBORO, NC 27534 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 164 Continued From page 2 C 164 furnishings are kept in giord repair. Maintenau Findings on February 11, 2025: a. SCU Dining - the right side door is rubbing on Director will make 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. identify any areas c. Activity Room - there is a two foot diameter water stain with a soft center in the middle of the needy repair. Identified ceiling. Staff revealed that they have identified areco will be repaired the leak and are scheduling the repair. d. Room 120 - the paint finish on the floor is manifemence Driecton scraped off at the bathroom entry and at the far ill not for administrator of repairs medea + C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND complished. **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and Facility will be 2/13/25 orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. uncluttered, clean + orderly name, free This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles + hayands. Qtyper were improperly stored. Oxygen bottles without any means of restraint to prevent them from bother will be stoned falling or being knocked over may present a in proper manner. RCC will monitor Oz bother danger to the occupants of the facility. Findings on February 11, 2025: a. RCC Office - there are four oxygen bottles in a when new bottles come cardboard carrying case and one loose bottle on in 1 maintain proper storage Division of Health Service Regulation

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If continuation sheet 3 of 7

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL096031 B. WING 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO ASSISTED LIVING & ALZHEIMEF GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DATE DEFICIENCY) C 166 Continued From page 3 C 166 the floor. C 185 Fire Safety-Rehearsals on Each Shift C 185 Facility will enoune 2/12/25 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR fine driells are held generating on each shift **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 rement Official. shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. 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. Findings on February 11, 2025: involved per rule. Ottendance for drill a. There was not a record of a fire drill on the second or third shift for the second and third quarters of 2024. will be downented b. There was not a record of a fire drill on the first or third shift for the fourth quarter of 2024. on fine drill uport. c. The records did not include the staff members present during the rehearsal. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER Division of Health Service Regulation STATE FORM 6899 08BG21

Division of Health Service Regulation

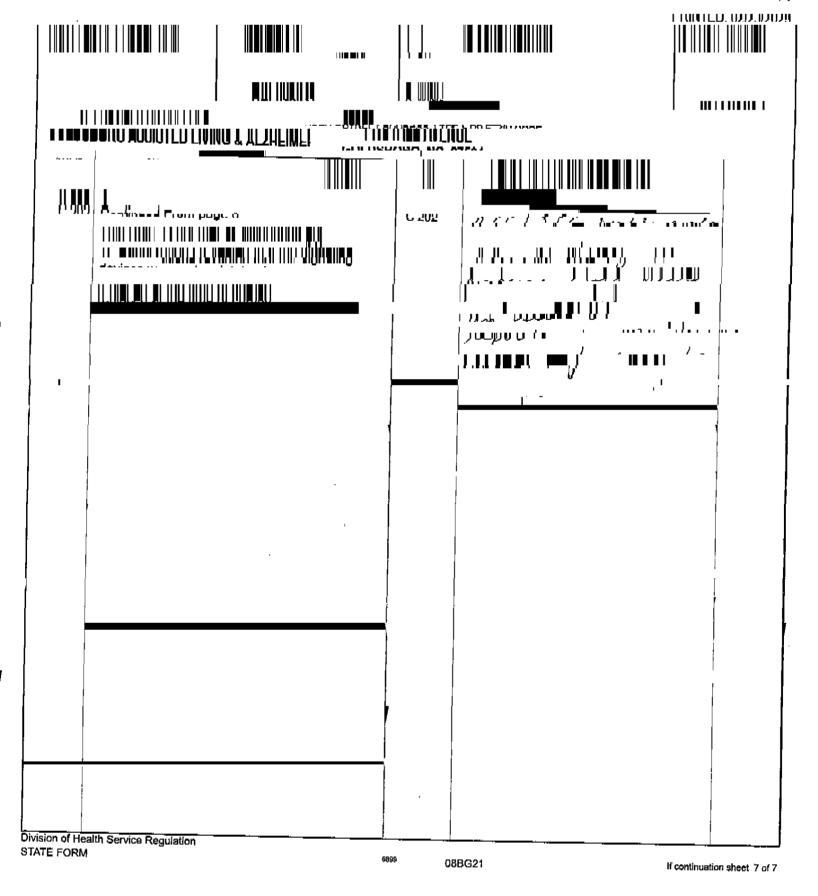
If continuation sheet 4 of 7

<u>Divisior</u>	of Health Service R	egulation			FORM A	PPROVE
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3: 01	(X3) DATE S	
		HAL096031	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AS	DDEEC CITY	STATE, ZIP CODE	<u> </u>	<u>/2025</u>
GOLDSI	BORO ASSISTED LIVI		/ALE AVENI		ý	
		GOLDSB	ORO, NC 2			
(X4) ID PREFIX TAG C 189	REGULATORY OR L	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D RE	(X5) COMPLETÉ DATE
	mechanical, and plucare home shall be operating condition. (k) This Rule shall a facilities with the exception which shall not apply.  This Rule is not me 1. Based on observe maintain the building safe condition. Holes through fire resistant fire and smoke to sporigin.  Findings on February a. The ceiling is sett of the Nurses Station.	apply to new and existing ception of Paragraph (e) y to existing facilities.  It as evidenced by: ation there is a failure to y's fire safety systems in a sor gaps at penetrations trated ceilings could allow read beyond the area of y 11, 2025: ling along the joints outside the peeling off compromising the peeling off compromising the		The facility show a smoone the built of all fine safety alectical, mechan to plushing a safe to open condition. areas on smoon have been are in the process buy corrected.  Maintenance Drie will make week	ment ment sined wited and code	
ision of Hea	b. Main Corridor - th attic access panel ou Director's Office. c. There is a small h sign at Exit 2. d. Room 128 - there penetration in the cei 2. Observations reveauipment was not maperating manner. We mounted to maintain sewer gas from enter	e ceiling is cracking at the itside of the Executive ole at the base of the exit is an unsealed cable ling to the right of the door. Paled that the plumbing raintained in a safe and later Closets securely seal prevent water leaks and ing the facility.		chove. Any area no repaired connection to repaired connection to repaired a plan will be possible to plan will be possible a reviewed of a plan will be possible to plan will be possible a reviewed of a plan will be possible a reviewed of a plan will be possible a reviewed of a plan will be possible as a plan	sely.	L
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If continuation sheet 5 of 7

PRINTED: 02/25/2025 FORM APPROVED Division of Health Service Description



## **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.

Printed on 02/30/2025 @ 10:07 Page 1 of 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 that 6 inches high with a minimum stroke width of 3/4 inch.
ASS	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.

Printed on 02/20/2025 @ 10:07 Page 2 of 5

STATUS	CODE	DESCRIPTION
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PASS	605.5 - Improper use of extension cords	605.5 Extension cords. Extension cords and flexible cordsshall not be a substitute for permanent wiring. Extension cordsand flexible cords shall not be affixed to structures, extendedthrough walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damageor physical impact. Extension cords shall be used only withportable 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.

Printed on 02/20/2025 @ 10:07 Page 3 of 5

Printed on 92/20/2025 @ 10:07 Page 4 of 5 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

July le

#### QUESTIONS ABOUT YOUR INSPECTION?

VADEN LEE viee@goldsboronc.gov 9197397411

> Printed on 02/20/2025 @ 10:07 Page 5 of 5

# 2025 FIRE DRILL SCHEDULE:

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

## In-Service

	DATE: March 5-6, 2025	PRESENTER: Ann Day	Ada
	TOPIC: Call Bells	Shea Whit	
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