STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078097	A. BUILDING: 01 B. WING	R 09/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 6	2133 PRESTON ROAD MAXTON, NC 28364

(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 000}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on September 17, 2015 from 1:45 PM to 2:41 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 132}	Bathroom-For Each 5 or Fewer SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the required number of bathroom facilities. Findings include: The front corridor bathroom is out of service. 09/17/15: SF-At the time of this survey, the bathroom on the right down the right corridor was locked. The facility currently has six Residents and is required to have two full baths. Keep this bath available for Resident use.	{C 132}	- All bathrooms repaired and in working condition	10/30/15
{C 153}	Housekeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS	{C 153}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda Myers — TITLE: Administrator — (X6) DATE: 10/30/15

919-733-6592

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078097	A. BUILDING: 01 B. WING	R 09/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 6	2133 PRESTON ROAD MAXTON, NC 28364

(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 153}	Continued From page 1 (a) Each family care home 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 homes. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having damaged floor coverings. Findings include: b) The vinyl floor covering in bedroom 4 is damaged. 09/17/15: Observations revealed that the floor is still damaged. Have a qualified technician repair or replace the floor in this room. Provide documentation of the repairs in the form of photos or copies of receipts or work orders. c) The vinyl floor covering in bedroom 5 is damaged. 09/17/15: Observations revealed that the floor is still damaged. Have a qualified technician repair or replace the floor in this room. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.	{C 153}	- vinyl flooring to be replaced / repaired - vinyl flooring to be repaired / replaced	10/30/15 10/30/15