STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	R **06/01/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD HOME ROAD** **PINK HILL, NC 28572**

(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 This Report is of a Follow-up Survey done by Bob Getchell on June 1, 2016. The followup revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the building meets the NC State Building Code regarding delayed egress. This deficiency directly affects all residents, personnel, and visitors who may have to exit the Special Care wing in an emergency by delaying exiting of the facility in the event of an emergency. Followup Findings on June 1, 2016:	{C 101}		

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{C 101}	Continued From page 1 a- The delayed egress doors on both ends of the Special Care wing are not equipped with signage designating them as delayed egress. NOTE: The left end exit door is properly marked with a delayed egress sign on the door, but the center SCU entry door is still not properly marked. 2- Based on observations, the facility has failed to maintain the fire safety evacuation plans to accurately reflect the footprint of the facility. Followup Findings on June 1, 2016: a- Permanent evacuation plans have been posted in the rear addition (300/400 Halls), but not in the Special Care Unit.	{C 101}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components.	{C 189}		

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{C 189}	Continued From page 2 Followup Findings on June 1, 2016: Not Completed. a- The one-hour rated ceilings are not sealed due to penetrations or damage to the construction system. Locations include but are not limited to: 7- Men/ Guest bathroom on center corridor- ceiling damage/ large hole. 5- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke. Followup Finding on June 1, 2016: Not Completed. a- The corridor doors in the following areas do not close completely and latch. Locations include but are not limited to: 6- Resident Room 217	{C 189}		