STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: **01** B. WING _____	R **06/10/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	**201 WEST HIGH STREET CARY, NC 27513**

(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 of Biennial Follow-up Survey by Frank Strickland on 06/10/2016: Some cited deficiencies were field verified for correction. However, there are cited deficiencies that require corrective action. A new of Plan of Correction is required.	{C 000}		
{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: II. Based on observation the facility is not successful in maintaining all fire safety systems, equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment so they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire. A. Findings on 06/10/2016: 5. Special Care unit - The manual override switch devices for the magnetic locking have been removed in the Courtyard and all exits.	{C 189}		