PRINTED: 08/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066010	A. BUILDING: 01 B. WING	R 07/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICH SQUARE VILLA	310 N MAIN STREET RICH SQUARE, NC 27869

(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 July 19, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(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: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. Followup Findings on July 19, 2016 include: g) Room 1 has a sprinkler escutcheon missing h) Room 25 has one escutcheon in the closet missing Note: BMS scheduled to repair 7-26-2016. 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Followup Findings on July 19, 2016 include:	(C 189)	The sprinkler escutcheon missing in Room 1 and closet of room 25 have been replaced.	7/26/2016

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 8/19/2016

STATE FORM 6899 — GDMD23 — If continuation sheet 1 of 2

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(C 189)	Continued From page 1 b) The exterior door to the Sprinkler Riser Room scrubs frame and will not close and latch, Note: Door back ordered from Lowes. Sending documentation of order status	(C 189)	The door on order from Lowes would not fit. Door was reordered 8/19/2016. See attached quote. Estimated completion- 8/31/2016	

OMEN130A LOWE'S HOME CENTERS, LLC PAGE: 1
MRN 1815

PROJECT ESTIMATE FIRE EXIT

Jessup, Robert

CONTACT: MAJETTE, PAM SALESPERSON: [redacted]
CUST #: 177994960 SALES #: [redacted]

PROJECT NUMBER: 480313385 DATE ESTIMATED: 08/19/16

QTY	ITEM #	ITEM DESCRIPTION	VEND PART #	PRICE
1	37823	DOOR	SPECIAL SIZE	961.54

TOTAL FOR ITEMS	961.54
FREIGHT CHARGES	0.00
DELIVERY CHARGES	0.00
TAX AMOUNT	67.31
TOTAL ESTIMATE	1028.85

This Quote is valid until 09/18/16.

MANAGER SIGNATURE DATE

THIS ESTIMATE IS NOT VALID WITHOUT MANAGER'S SIGNATURE.
THIS IS AN ESTIMATE ONLY. DELIVERY OF ALL MATERIALS CONTAINED IN THIS ESTIMATE ARE SUBJECT TO AVAILABILITY FROM THE MANUFACTURER OR SUPPLIER. QUANTITY, EXTENSION, OR ADDITION ERRORS SUBJECT TO CORRECTION. CREDIT TERMS SUBJECT TO APPROVAL BY LOWES CREDIT DEPARTMENT.

LOWES IS A SUPPLIER OF MATERIALS ONLY. LOWES DOES NOT ENGAGE IN THE PRACTICE OF ENGINEERING, ARCHITECTURE, OR GENERAL CONTRACTING. LOWES DOES NOT ASSUME ANY RESPONSIBILITY FOR DESIGN, ENGINEERING, OR CONSTRUCTION; FOR THE SELECTION OR CHOICE OF MATERIALS FOR A GENERAL OR SPECIFIC USE; FOR QUANTITIES OR SIZING OF MATERIALS; FOR THE USE OR INSTALLATION OF MATERIALS; OR FOR COMPLIANCE WITH ANY BUILDING CODE OR STANDARD OF WORKMANSHIP.

Possable change of price of quote due to time of original request.