

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/02/2017
NAME OF PROVIDER OR SUPPLIER SEVEN LAKES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 292 MCDOUGALL DRIVE SEVEN LAKES, NC 27376		
(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 Construction Section Biennial Survey report by Frank Strickland on 02/02/2017: This facility was first licensed as a Home For the Aged on 07/01/1989. Therefore, we are requiring that this facility to meet the 1984 Rules for Homes for the Aged, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1978 Edition Volume I of the North Carolina State Building Code-Section 409-Institutional Occupancies. FACILITY IS LICENSED FOR 60 BEDS. Deficiencies were cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes 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 facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the floor coverings and finishes. Findings on 02/02/2017: The following locations have floor surfaces that need to be cleaned and waxed: (a) 100 Hall Nurse's Office (b) Room 110 (c) Room 116	C 164	Executive Director notified the Building Maintenance Service(BMS) of the floors that need to be cleaned and waxed. A schedule has been put into place to ensure (a) 100 Hall Nurse's Office, (b) Room 110, (c) Room 116, (d) Room 202, (e) Room 203, (f) Room 204, (g) Room 205, (h) Room 207, (i) Room 208, are cleaned and waxed over the next few weeks. All floors have the potential to be affected by the deficient practice. Housekeeping Staff will examine all floors and will report to the Executive Director, any floors that require cleaning and waxing. The facility's Executive Director will contact the BMS and coordinate dates for cleaning and waxing. Housekeeping Staff will continue to monitor all floors daily and will report to the Executive Director, any floors and furnishings that require cleaning and waxing. The facility's Executive Director will contact the Building Maintenance Service and coordinate regularly scheduled cleaning waxing to ensure continued compliance.	03/31/2017

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Executive Director* (X6) DATE *3/15/17*

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C 164	Continued From page 1 (d) Room 202 (e) Room 203 (f) Room 204 (g) Room 205 (h) Room 207 (i) Room 208 2-Based on observations, this facility has failed to maintain the ceiling construction and finishes. Findings on 02/02/2017: The following locations have ceilings that are damaged due to water migration and/or previous roof leaks: (a) The ceiling outside the AL Dining Hall. (b) The ceiling in the Staff Lounge.	C 164	2 - The facility's Executive Director notified the Regional Director of Operations and Building Maintenance Service (BMS) of (a) the ceiling outside AL Dining Hall and (b) the ceiling in the Staff Lounge that were damaged due to water migration. The Building Maintenance Service contacted a company to come out and repair the ceilings. All resident areas have the potential to be affected by the deficient practice. The Executive Director will inspect all ceilings weekly to ensure there is no damage to ceilings. Any issues noted will reported to the BMS for repair. The BMS will visually inspect all ceilings monthly to look for to help ensure continued compliance.	03/31/2017
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 facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.	C 189	The facility's Executive Director notified the Regional Director of Operations and Building Maintenance Service(BMS) of (a) the ceiling outside AL Dining Hall and (b) the ceiling in the Staff Lounge that were damaged due to water migration. The Building Maintenance Service contacted a company to come out and repair the ceilings. All resident areas have the potential to be affected by the deficient practice. The Executive Director will inspect all ceilings weekly to ensure there is no damage to ceilings. Any issues noted will reported to the BMS for repair. The BMS will visually inspect all ceilings monthly to look for to help ensure continued compliance.	03/31/2017

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C 189	Continued From page 2 Findings on 02/02/2017: The following locations have ceilings that are damaged due to water migration and/or previous roof leaks: (a) The ceiling outside the AL Dining Hall. (b) The ceiling in the Staff Lounge. 2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage or emergency event. Findings on 02/02/2017: The exterior emergency wall light that is located at SCU Courtyard gate does illuminate when tested.	C 189	The Executive Director notified the Building Maintenance Service(BMS) of the exterior emergency wall light that is located at SCU Courtyard gate that did not illuminate when tested. BMS came and repaired the light. All resident areas have the potential to be affected by the deficient practice. The Building Maintenance Service personnell will test all emergency lighting weekly to ensure all emergency wall lights are in proper working order. Executive Director will have emergency lights tested monthly during fire drills to enure continued compliance.		03/31/2017