STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054062	A. BUILDING: 01 B. WING _____	07/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON ASSISTED LIVING	2130 ROSE VISTA ROAD KINSTON, NC 28504

(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 a Construction Section Biennial Survey by Billy S. Bryant conducted on 07/20/2017. Records indicate this facility was first licensed on 04/01/1985. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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 observation the walls and floor coverings have not been kept clean and in good repair. Findings on 07/2017: a. Room 111 - The wall at the corner of the closet is damaged and the gypsum board corner bead is exposed and loose. b. Corridors - The walls are scuffed and marred.	C 164	WILL BE COMPLETED	9-3-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tammy Torres | TITLE: RCC | (X6) DATE: 8-9-17

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C 164	Continued From page 1 c. Throughout he building the doors and frames to resident rooms, resident closets, corridor doors to storage rooms, closets and bathrooms etc., are damaged and scarred. d. Kitchen - The wall board above the walk refrigerator and freezer is disintegrating due to moisture damage.	C 164	WILL BE COMPLETED	9-3-17
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 there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on 07/20/2017: a. 100 Hall Bath/Shower, Across from Room 105 - There is a gap in the fire resistant rated ceiling where the HVAC grille is detached from the ceiling. b. 100 and 200 Hall Water Heater Closets, Adjacent to Bath/Shower Rooms` - There are	C 189	COMPLETED COMPLETED	7-17-17 7-17-17

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	HAL054062	A. BUILDING: 01 B. WING	07/20/2017

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C 189	Continued From page 2 gaps around the piping where they penetrate the fire resistant rated ceiling. c. 100 Hall Utility Room - The grille for the exhaust fan is mounted such that there is an approximaetley 1/2" gap between the grille and the fire resistant rated ceiling. d. Room 214 - The fire resistant rated ceiling has an open split at a joint in the gypsum board. e. 200 Hall Linen Closet, Adjacent to Room 205 - There are gaps in the fire resistant rated ceiling where it is penetrated by cables. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 07/20/2017: a. Business Office - The top of half of the dutch door does not have automatic latching hardware. It also has a barrel bolt type latch that when in the down position prevents the door from closing. b. Rooms 210 and 213 - The resident's room door that opens to the corridor contacts the door frame preventing it from closing and latching. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189	COMPLETED COMPLETED COMPLETED WILL BE COMPLETED COMPLETED COMPLETED	7-17-17 7-24-17 7-17-17 9-3-17 7-24-17 7-25-17

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C 189	Continued From page 3 Finding on 07/20/2017: a. Administrator's Office - The wall mounted emergency light did not illuminate when tested on battery power. 4. Based on observation the electrical equipment has not been maintained. Finding on 07/20/2017: a. Room 213 - There is a gap between the wall and the GFCI electric outlet cover plate next to the sink. 4. Based on observation the HVAC mechanical equipment is not maintained in an operating condition: Finding on 07/20/2017: a. Room 202 - The thru wall unit cover is dislodged and the knobs to control the unit are missing.	C 189	COMPLETED COMPLETED COMPLETED	7-25-17 7-25-17 7-25-17