PRINTED: 06/12/2017
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
	HAL054067	A. BUILDING: 01 B. WING	R 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE OF KINSTON	1935 IDLEWILD DRIVE 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 Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 06/01/2017. A deficiency noted during the Biennial Construction Survey conducted on 02/21/2017 remains to be corrected.	(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 observation the facility is not in compliance with the applicable building code requirements for special locking systems. Special locking systems that are not installed with components required by the building code could during an emergency evacuation effect the occupants of the facility if magnetically locked exit doors could not be released by an override device	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mitchell MOran — TITLE: Maintenance Director — (X6) DATE: 7/6/17

STATE FORM 6899 TRL522 If continuation sheet 1 of 2

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C 101	Continued From page 1 in the event other safeguards that automatically release the locks did not operate. Finding on 06/01/2017: a. A centrally located manual override device that will unlock all the exit doors locked equipped with magnetic locks is not installed. Note: During an an interview with the administrator she stated that a vendor had been hired and was scheduled to be at the site on 06/05/2017 to install two centrally located manual override devices, one at each of the two nurses' stations.	C 101 A	Letter attached	6/16/17

PATRIOT SYSTEMS LLC
7339-F West Friendly Avenue
Greensboro, North Carolina 27410
Phone 800-371-7186 Fax 336-297-2174
www.patriotsystemsllc.com

Date: 06-19-17

To: The Village of Kinston
1935 Idlewood Drive
Kinston, NC 28504

Re: Door Repair

To Whom It May Concern:

As of June 16th, the door system for Assisted Living of Kinston is operational. Please let us know if there is anything else you may need.

Thank you,

Karen Troxler
Patriot Systems, LLC
7339-F West Friendly Avenue
Greensboro, NC 27410
(336) 297-2171 Office, (336) 297-2174 - Fax,
patriotsystemsoffice@gmail.com