STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 and Dennis Harrell conducted on 09/21/2017. Records indicate this facility was first licensed on 10/11/1996. 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 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility failed to have current (within the calendar year) required inspection report maintained on site for review by the surveyor. Finding on 09/21/2017: a. A current fire sprinkler system inspection report was not available for review at the time of the survey.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	1942 VAN HAVEN DRIVE STATESVILLE, NC 28625

(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 164	Continued From page 1 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 building's ceiling was not maintained in good repair. Finding on 09/21/2017: a. BreakRoom - The ceiling is damaged from a sprinkler leak. 2. Based on observation the building's wall was not maintained in good repair. Finding on 09/21/2017: a. Housekeeping Closet - There is an approximatley 10"x10" hole in the wasll just above the mop sink.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 166	Continued From page 2 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were stored without any means of restraint to keep them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 09/21/2017: a. Room #44 - An oxygen bottle was sitting upright on the floor. Note: The bottle was removed from the room while the surveyors were on site. b. Resident Care Coordinator - An oxygen bottle was sitting upright on a file cabinet. Note: The bottle was removed from the cabinet while the surveyors were on site. 2. Based on observation the facility was not maintained free from hazards due to having a type of lock on a door that cannot be unlocked from inside. This could effect staff if they were accidentally locked inside without the room without any means to exit. Finding on 09/21/2017: a. Kitchen - A hasp type lock has been installed on the door of the pantry.	C 166		
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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 189	Continued From page 3 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 facility's fire safety equipment in a safe operating condition. Smoke resisting cross corridor doors are required to close completely and latch in the event of a fire. The 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 09/20/2017: a. Kitchen Door to Dining Room - When the door was closed it did not latch to remain shut. b. Kitchen - When the fire resistant rated door that opens to the corridor was closed it did not latch to remain shut. c. Laundry - When the fire resistant rated door that opens to the corridor was closed it did not latch to remain shut. d. Housekeeping Across from Room #34 - When the door that opens to the corridor was closed it did not latch to remain shut. e. Sunroom - When the door that opens to the corridor was closed it did not latch to remain shut. f. Corridor - Adjacent to the employees breakroom one leaf of the double cross corridor doors contacted the other door preventing from it from completely closing and latching to remain shut.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 189	Continued From page 4 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on 09/21/2017: a. Resident Rooms #2, #3, #8 and #12 - There are gaps of approximately ¼" or larger at the top of the frame between the door and the door stop. 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. Findings on 09/21/2017: a. Corridor Adjacent to Room #41 - When tested on battery power the wall mounted emergency light did not illuminate. b. Dining Room - All three of the wall mounted emergency lights did not illuminate when tested on battery power. 4. 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 exit signs indicating the location of exit paths could not be seen in the event of an emergency evacuation. Finding on 09/21/2017: a. Cross Corridor Doors Adjacent to Break Room - The exit sign above the doors did not operate when tested on battery power. 5. Based on observation electrical equipment has not been maintained in a safe manner. Failure to	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 189	Continued From page 5 maintain electrical equipment is a safe manner could effect the safety of person exposed to the unsafe condition. Findings on 09/21/2017: a. Kitchen - At the dishwasher an electrical outlet has detached from the wall exposing the wiring. b. Resident Bath "A" - The wall mounted GFCI at the sink did not function when tested. 6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection function. Findings on 09/21/2017: a. Resident Care Coordinator - A minimum 18" between the fire sprinkler head and items stored on shelf was not maintained so that water flow from the sprinkler head could be impeded.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	C 191		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049015	A. BUILDING: **01** B. WING _____	**09/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	**1942 VAN HAVEN DRIVE STATESVILLE, NC 28625**

(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 191	Continued From page 6 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 in compliance with the rule prohibiting portable electric heaters. Finding on 09/21/2017: a. Business Office - There was a portable electric heater in the room. Note: The heater was removed from the building while the surveyors were on site.	C 191		