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
	HAL049015	A. BUILDING: 01 B. WING _____	R 11/08/2017

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 Biennial Follow Up Construction Survey by Dennis Harrell on 11-8-2017. Some deficiencies were not corrected. Further action is required.	{C 000}	Disclaimer The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POA with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider's policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
{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: 2. Based on observation the building's wall was not maintained in good repair. Finding on 09/21/2017 and 11-8-2017: a. Housekeeping Closet - There is an approximately 10"x10" hole in the wall just above the mop sink.	{C 164}	The provider strives to ensure that all walls are in good repair. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various other quality assurance measures are examples of the many components utilized. Action Plan: The referenced hole was originally repaired by maintenance on 10/4/17. Subsequent to the 11/8/17 follow-up inspection, maintenance re-repaired on 11/10/17 the closet wall with a thicker material, ensuring a higher fire rating, and ensuring all joints were properly sealed. Id of Others: Maintenance Director continues routine facility inspections to address any new wall, floor ceiling concerns. Measures: Maintenance added to the preventative maintenance (PM) check sheet in 10/17 monthly inspections of walls, ceilings, floors, and furniture to enhance PM monitoring and to assist with potential repair needs. Department managers will assist in conducting monthly building inspections. Monitoring: Negative findings will be reported to the Executive Director and discussed, when appropriate, during the quarterly QAA meeting.	11/10/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
Andrew T Martin	Andrew Martin	Executive Director	01/03/18