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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
	HAL068034	A. BUILDING: 01 B. WING _____	10/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

(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 10/27/2017. This facility was first licensed 12/01/1964 as a Home for the Aged. In the early 1970's an addition was constructed adding 9 Beds to the original 8 Beds increasing the capacity to 17 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Group D-2 Occupancy and the 1971 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. Based on a review of documentation there is a failure to maintain on site current (within the calendar year) required inspection reports. Finding on 10/27/2017: a. At the time of the survey a current fire marshal's inspection report was not available for the surveyor's review.	C 111	Fire inspection for 2016 was conducted by Fire Marshal and the facility was found to be in compliance. Fire inspection will henceforth be scheduled in October annually. The facility has current sanitation report.	Dec. 1 2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

1-23-18

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C 164	Continued From page 1	C 164		
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 a furnishing was not in good repair. Finding on 10/27/2017: a. Bathroom Adjacent to Room #9 - The paper hand towel dispenser is missing and the roll of paper towels is hanging on a wire coat hanger attached to the wall. 2. Based on observation the walls were not kept in good repair. a. Laundry - The door in exterior of the laundry is jammed tight to the frame and will not open. In addition the door hardware is broken and will not operate.	C 164	Reference Section .0306, in bathroom adjacent to Room #9, functional paper towel dispenser has been installed and it is operational. The door in exterior of the laundry room has been repaired; it opens and closes without difficulty. The door hardware has been replaced and is fully operational.	Dec. 1 2017 Dec. 1 2017
C 174	Bedroom Furnishings-Table, Mirror, Chairs SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table;	C 174		

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C 174	Continued From page 2 (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the bedrooms did not have the required furnishings for each resident occupying the room. Findings on 10/27/2017: a. Resident Room #3 - The room is occupied by three residents in the room. There is a a closet, a bureau, and a bedside table for two of the occupants. The furnishings for the third resident was not identified.	C 174	There are enough furniture for the residents in Room # 3 now.	Oct. 30 2017
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 175		

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C 185	Continued From page 4 involved was not provided.	C 185		
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 did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if exits were not identified and egress paths were not illuminated during a power outage. Findings on 10/27/2017: a. Corridor Emergency Exit, Adjacent to Room #9 - The ceiling mounted combination exit sign and emergency light fixture did not illuminate when tested on battery power. b. Corridor - The ceiling mounted combination exit sign and emergency light fixture adjacent to the fire alarm panel did not illuminate when tested on battery power. c. Front Entrance Emergency Exit - The ceiling mounted combination exit sign and emergency light fixture did not illuminate when tested on battery power.	C 189	Emergency Exit sigh and Emergency light fixture does now illuminate when tested on battery power. Henceforth, the fixture will be tested monthly. The ceiling mounted combination exit sign and emergency light fixture adjacent to the fire alarm doors now illuminate when tested on battery power. It will further be tested monthly. The ceiling mounted combination exit sign and emergency light fixture in the front entrance does now illuminate when tested on battery power. It will further be tested monthly.	Nov. 21 2017 Oct. 30 2017 Oct. 30 2017

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C 175	Continued From page 3 1. Based on observation each bedroom did not have shall have the following furnishings: a towel bar in the bedroom or an adjoining bathroom for each resident. Finding on 10/27/2017: a. Room #5 - There is a shared bathroom between the two rooms. There are 3 occupants in one room and 2 occupants in the adjoining room. There are only three towel bars total between the two rooms.	C 175	The resident in Room #5 and adjoining room now each have towel bars. There are now 5 towel bars/hooks.	Oct. 30 2017
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on a review of records the facility has not conducted rehearsals of the fire plan in accordance with this Rule Finding on 10/27/2017: a. The fire drill log indicated that fire drills were not conducted each quarter for each shift and b. a short description of what the rehearsal	C 185	The facility has provided a log for adequate documentation of fire drills which is being done quarterly for each of the shifts. The drill schedule henceforth is in Feb, May, August, Nov.	Oct. 30 2017

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C 189	Continued From page 5 d. Kitchen - The wall mounted emergency light did not illuminate when tested on battery power.	C 189	The wall mounted emergency light in the kitchen does now illuminate when tested on battery power. It will henceforth be tested monthly.	Oct. 30 2017