

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 431 JUNNY ROAD ANGIER, NC 27501		
(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 Construction Survey by Suzanna Fay conducted on January 24, 2018. Records indicate that this facility was licensed on March 10, 1997. The facility is currently licensed as a Home for the Aged serving 12 residents. Therefore, this facility must meet the 1996 North Carolina State Building Code Section 419.5, and, the 1991 and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes. Deficiencies were cited and a Plan of Correction is required.	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. Review of records revealed that the facility did not have an approved fire safety inspection report. Findings on January 24, 2018: a. The current fire safety inspection report listed two uncorrected violations. It was not determined at the time of survey if those had been corrected.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 431 JUNNY ROAD ANGIER, NC 27501		
(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 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, ceilings and floors were not kept in good repair. Findings on January 24, 2018: a. Interview with staff revealed that a sprinkler pipe had burst during the recent cold snap causing damage to the common bathroom, staff bathroom and corridor. The damaged flooring in the corridor has been removed. The ceilings and walls have been patched but not sanded and painted. The toilet fixture has been removed for repairs. Crews were on site at the time of survey working on repairing the damaged areas. b. The corridor emergency lights had been replaced with smaller fixtures which did not cover the openings in the wall created by the previous fixtures. The holes were patched at the time of survey. b. Laundry room - there were sheets of lint discarded behind the dryer. The lint was removed at the time of survey.	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:	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 431 JUNNY ROAD ANGIER, NC 27501		
(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 (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: 1. Observations revealed that the facility was not maintained free of hazards. Loose or damaged handrails could result in injury to a resident. Findings on January 24, 2018: a. The section of handrail to the left of the linen closet was damaged at the end. The rail was loose and there was a sharp nail protruding from the handrail. 2. Observations revealed that the facility was not maintained free of hazards. Broken or damaged accessories leave rough edges that can cause injury to the residents. Findings on January 24, 2018: a. Bathroom between rooms 5 and 6 - the towel bar at the tub was broken leaving the sharp edges of the brackets exposed.	C 166		
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.	C 175		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 431 JUNNY ROAD ANGIER, NC 27501		
(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 175	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide towel bars for the residents in the bedrooms or adjoining bathrooms. Findings on January 24, 2018: a. Every two bedrooms share an adjoining bathroom. Three of three bathrooms observed either did not have any or did not have a sufficient number of towel bars (one for each resident.) None of the bedrooms had towel bars.	C 175		
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 systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on January 24, 2018: a. Front office - there is an open penetration along the back wall where an electrical conduit enters the ceiling. The conduit was sealed at the	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 431 JUNNY ROAD ANGIER, NC 27501		
(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 time of survey. b. Riser room - there is an open penetration in the ceiling above the fire alarm panel. 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 exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 24, 2018: a. Living room - the hinges on the door to the living room were pulling loose from the frame preventing the door from closing completely. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on January 24, 2018: a. Linen closet across from dining - items were stored within 18" of the sprinkler head. The items were removed at the time of survey. 4. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. Findings on January 24, 2018: a. The fire alarm was tested by spraying canned smoke into a smoke detector. Staff did not know how to silence or reset the fire alarm.	C 189		