

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 Ed Miller, conducted on April 11, 2018. Records indicate that this facility was licensed on 07/15/1992 as Red Oak Manor. This facility is currently licensed for (62) beds. Based on this information, this facility is required to meet the 1991 Rules for Homes for the Aged and Disabled and Minimum Standards and Regulations and the applicable components of the 2005 Regulations for Adult Care Homes of Seven or more Beds. The facility is also required to meet the 1978 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	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 record review, and interview with Office Manager, and Facility Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on April 11, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor.	C 111		

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: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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	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, the building mechanical systems are not kept clean and in good repair. Findings on April 11, 2018: a. Shared Bathroom between Bedrooms 112 & 114 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Bedroom 202 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 11, 2018: a. Activity Office - one portable medical oxygen cylinder is stored standing up in the floor and one standing up on the windowsill not secured. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on April 11, 2018: a. Shared Bathroom between Bedrooms 112 & 114 - the fiberglass shower floor is broken and need repairing of replacing. 3. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on April 11, 2018: a. 100 Hall Bath/Shower - the tub has a shower wand with a hose long enough to reach gray water which is not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166		
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	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 185	Continued From page 3 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 Record review and interview with Office Manager and Facility Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on April 11, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. b. In the 2nd quarter for the last 12 months, no rehearsal was performed during 2nd shift. c. In the 3rd quarter for the last 12 months, no rehearsal was performed during 3rd shift. 2. Based on Record review and interview with Office Manager and Facility Manager the Facility failed to document and a short description of what the rehearsal involved. Findings on April 11, 2018: a. The rehearsal records included the date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of	C 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 188	Continued From page 4 building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on April 11, 2018: a. Med room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188		
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on April 11, 2018: a. Main Living Room - there is a 1/2-inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Executive Director Office - there is a 3/4-inch	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 hole with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Resident Service - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Public Rest Room near Activity - the ventilation system did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. e. Exterior Main Mech/Elec Room - there are two cable bundles not completely firestopped as they penetrate the fire-resistance-rated ceiling assembly. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 11, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in January 2018, there has been no documentation of the monthly in-house/owner inspection. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 10, 2018: a. Left Porch - the GFCI electrical outlet's weatherproof cover is missing. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 6 operating condition. Findings on April 11, 2018: a. Bedroom 114 - the corridor door did not latch into its frame when closed. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 11, 2018: a. Bedroom 202 - an extension cord is being used to power a small refrigerator. Extension cords cannot substitute for permanent wiring.	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 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 failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on April 11, 2018: a. Activity Office - a portable electric heater was found in this room.	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(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 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on April 11, 2018: a. Kitchen Mop Room - the required exhaust ventilation system did not work, and there is odor.	C 199		