STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074037	A. BUILDING: 01 B. WING	04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED OAK ASSISTED LIVING	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	attached 2017 inspection	5-18-18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5-3-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074037	A. BUILDING: 01 B. WING	04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED OAK ASSISTED LIVING	2920 WILLIAMS ROAD GREENVILLE, NC 27834

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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 .0308 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	Completed Completed	4/30/18 4-30-18
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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: HAL[illegible]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED: 04/11/2018

NAME OF PROVIDER OR SUPPLIER: RED OAK ASSISTED LIVING
STREET ADDRESS, CITY, STATE, ZIP CODE: [illegible] WILLIAMS ROAD [illegible], NC [illegible]

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE
C 185	Continued From page 4 [illegible] 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 quarterly 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 [illegible] shift. b. In the 2nd quarter for the last 12 months, no rehearsal was performed during [illegible] shift. c. In the 3rd quarter for the last 12 months, no rehearsal was performed during [illegible] shift. 2. Based on Record review and interview with Office Manager and Facility Manager the Facility failed to document [illegible] 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 [illegible] no description of what the rehearsal involved.	C 185	[illegible handwriting] with [illegible] 1st, 2nd and 3rd [illegible] To be monitored by [illegible]	4-30-18
C 186	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations of sinks, bathrooms and outside of	C 186		

Division of Health Service Regulation
STATE FORM [illegible] [illegible] If continuation sheet [illegible]

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL[illegible]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED: 04/11/2018

NAME OF PROVIDER OR SUPPLIER: RED OAK ASSISTED LIVING
STREET ADDRESS, CITY, STATE, ZIP CODE: [illegible] WILLIAMS ROAD [illegible], NC [illegible]

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE
C 188	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 [illegible] not secured. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not being properly working or [illegible] 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 or 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 grey water which is not equipped with a vacuum breaker to prevent backsiphonage of grey water back into the potable water plumbing lines.	C 188	[illegible] provided a stand for oxygen Appointment 5-4-18 for [illegible] complete 6-30-18 Completed	4-30-18 [illegible]/2/18
C 189	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 requirements of the local Fire Prevention Code	C 189		

Division of Health Service Regulation
STATE FORM [illegible] [illegible] If continuation sheet [illegible]

[illegible]

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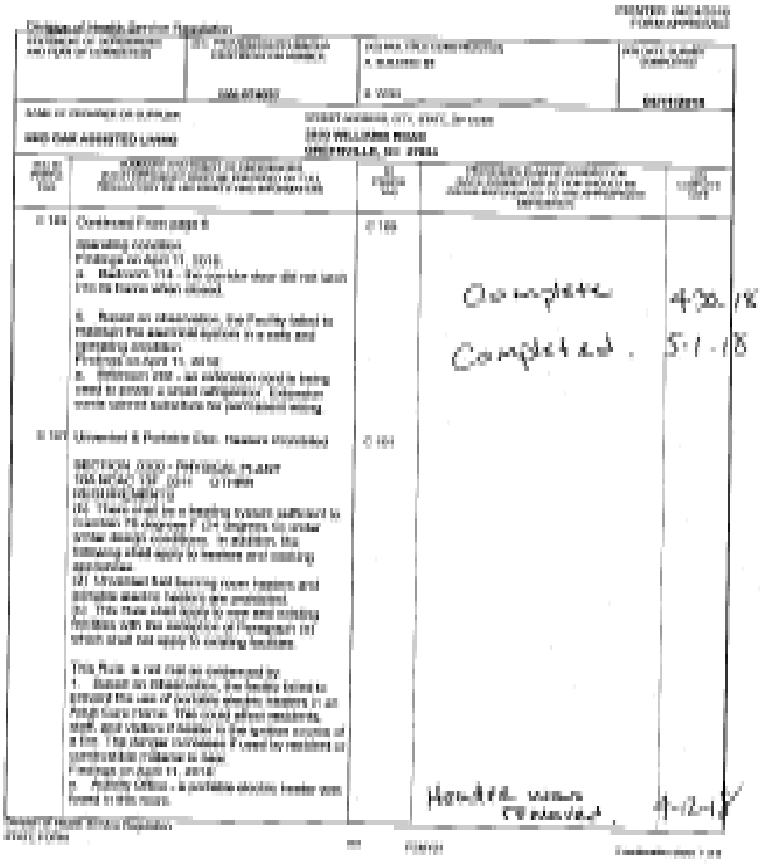
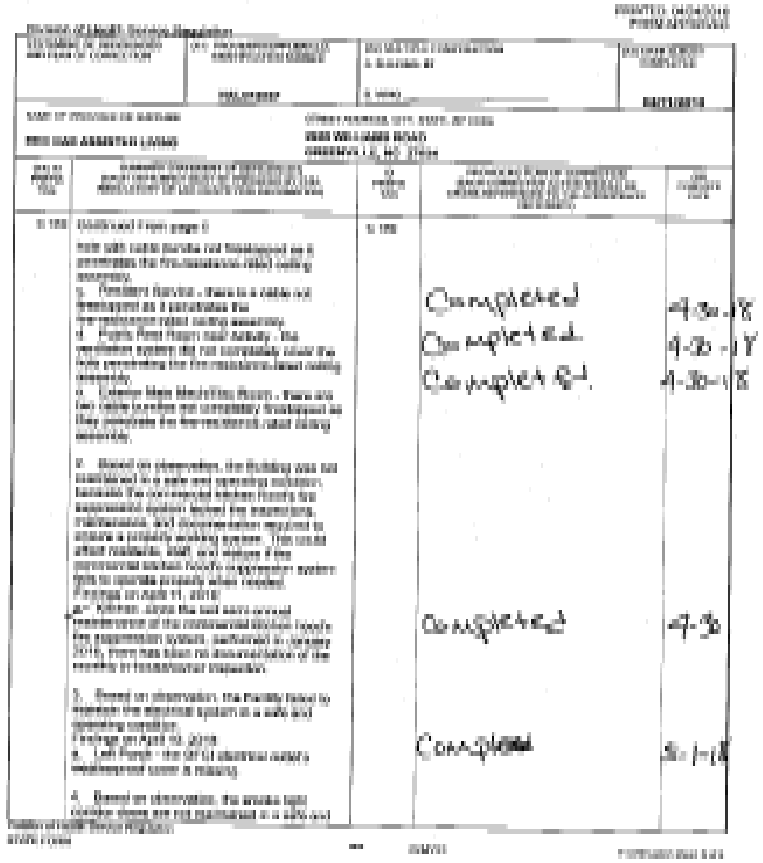
C 188	Continued From page 4 building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not 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	Completed	4-30-18
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 ½-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	Completed Completed	4-30 4-30



Completed 4-30-18

Completed 5-1-18

Handrail issues Completed 4-12-18



Completed 4-30-18

Completed 4-30-18

Completed 4-30-18

Completed 4-30

Completed 5-1-18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	Complete	4-30-18

Greenville NORTH CAROLINA
FIRE/RESCUE

[illegible]	8/16/2017
[illegible]	8:00 Hours
[illegible]	Alfred Everington, Patrick Dunn
[illegible]	171270

Facility Contact Information

[illegible]	Red Oak Assisted Living	[illegible]	2800 WILLIAMS RD
[illegible]	(252) 756-3242	[illegible]	
[illegible]		[illegible]	GREENVILLE
[illegible]	redoakrc@hotmail.com	[illegible]	NC — Zip: 27858
[illegible]		[illegible]	
[illegible]		[illegible]	Station 5

Inspection Type	Inspection General Fire

[illegible]

No violations found.

[illegible]	3.0

A fire inspection was conducted at your facility and no violations were observed.

Thank you.

[illegible]	Alfred Everington, Patrick Dunn
[illegible]	171270

Facility Contact Information

[illegible]	Red Oak Assisted Living	[illegible]	2800 WILLIAMS RD
[illegible]	(252) 756-3242	[illegible]	
[illegible]		[illegible]	GREENVILLE
[illegible]	redoakrc@hotmail.com	[illegible]	NC — Zip: 27858
[illegible]		[illegible]	
[illegible]		[illegible]	Station 5

Inspection Type	Inspection General Fire

[illegible]

No violations found.

[illegible]	5.0

A fire inspection was conducted at your facility and no violations were observed.

Thank you.