

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2018
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3045 HENDERSON DRIVE EXTENSION JACKSONVILLE, NC 28546		
(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 10, 2018. There is one deficiency cited from the Biennial Construction Survey that remains to be corrected or verified.	{C 000}		
{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 and record review, the fire alarm system has an alarm verification feature enabled that delays the fire alarm activation for 30 seconds before activating the alarm. Delays in fire alarm activation could result in delays in evacuating the facility during a fire or other emergency, therefore endangering the residents. Findings on August 10, 2018: a. The facility has a programmable feature on the smoke detectors called VSMOKE which is a delayed response system designed to eliminate false alarms. There was no justification provided as to why this feature is enabled. The surveyor has requested a review from the Fire Marshal	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 regarding the delayed response feature and the results of his review are still pending.	{C 189}		