STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051064	A. BUILDING: 01 B. WING	10/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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	C 000		

Construction Section Biennial Survey report by Frank Strickland on 10/24/2018:

This facility was first licensed on 11/25/1996 as a HA. This facility is currently licensed for 12 Beds. Therefore, this 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 1996 (1997 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.

Deficiencies have been cited and a Plan of Correction is required.

C 164 Housekeeping and Furnishings-Clean, Repaired — C 164

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, this facility has not maintained the floor coverings to be kept clean and in good repair.

Findings on 10/24/2018:
The floor tiles at the exit adjacent are damaged

The new owners have hired a maintenance man to come and repair the floor tiles at the emergency exit in this building. He is scheduled to begin work on 11/16/18 with a walk-through and inspection of the facility, including the deficient area(s), and to begin work on 11/19/18 with the primary emphasis being the needed repairs documented on the statement of deficiency. These repairs are scheduled to be completed by 11/30/18.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051004	A. BUILDING: 01 B. WING ____	10/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 and not secured. 2-Based on observation, this facility has not maintained the walls to be kept clean and in good repair. Findings on 10/24/2018: The is a 1/2" diameter hole in the wall above the emergency light pack adjacent to the Living Room.	C 164	The repair of the hole in the wall above the emergency light has been repaired on 10/30/18. It was filled with orange fire block foam and was painted on 10/31/18. A picture was taken between the application of the foam and the application of the paint, and is available should you care to see it.	
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, this facility has not maintained the building in a safe and operating condition. Findings on 10/24/2018: The Kitchen door was wedged to be in the open position from the Hall. 2-Based on observation, this facility has not maintained the building in a safe and operating condition. Findings on 10/24/2018:	C 189	The wedge to the kitchen door was immediately removed on the date of the survey and on 10/30/18 a magnetic door stop was installed on the kitchen door. Staff has been notified that door wedges are not allowed in the facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051064	A. BUILDING: 01 B. WING	10/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 2 The Linen Closet door drags on the floor and requires adjustment. 3-Based on observation, this facility has not maintained the mechanical ventilation components in a safe and operating condition. Findings on 10/24/2018: The Kitchen range hood exhaust filter has an excessive amount grease build-up.	C 189	The adjustment of the linen closet door will be a repair of primary importance with the maintenance man scheduled to come on 11/16/18. The repair is scheduled to be completed by 11/30/18. The kitchen range hood exhaust filter was removed and cleaned 10/24/18 and has been added to the weekly cleaning schedule to be completed by third shift personnel every Thursday night.	