

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2019
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HWY 710 S ROWLAND, NC 28383		
(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 by Glenn Hoppin DHSR Construction Section conducted a Biennial Follow-up Survey on January 30, 2019 from 2:00 PM to 2:30 PM at the above referenced facility. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 2. At the time of the survey it was observed that the toilet located in the Residents Bathroom (back left) was loose at the floor. This rule requires all plumbing equipment to be maintained in a safe and operating condition.	{C 174}		

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: FCL078109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2019
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HWY 710 S ROWLAND, NC 28383		
(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 174}	Continued From page 1 01/30/2019gh At the time of the survey it was observed that the above listed deficiency was still present. 3. At the time of the survey it was observed that a receptacle cover plate was missing in Residents Bedroom #6 (back left). This rule requires all electrical equipment to be maintained in a safe and operating condition. 01/30/2019gh At the time of the survey it was observed that the above listed deficiency was still present.	{C 174}		
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that in the Dining Room outside the kitchen, there was a section of wall with peeling paint. The rule requires that the facility be maintained in a clean condition. 01/30/2019gh At the time of the survey it was observed that the above listed deficiency was still present.	{C 183}		