

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2019
NAME OF PROVIDER OR SUPPLIER MOCKSVILLE SENIOR LIVING & MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 337 HOSPITAL STREET MOCKSVILLE, NC 27028		
(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 Construction Section Complaint Survey by Dennis Harrell and Ed Miller on 7-17-2019. The Complaint alleged that the air conditioning was not working in the kitchen and that the facility had a sanitation score of only 74. Records indicate that the older portion of this facility was originally licensed on 7-1-1966. The 400 hall was added later in 1997 and was built fully sprinklered. The facility is now fully sprinklered. Based on this information we are requiring the older portions of the building to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the aged and Infirm, the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1967 NC State Building Code. The 400 hall must meet the 1996 NC State Building Code, the 1993 Rules for the Licensing of Domiciliary Homes, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. The Complaint was substantiated. Deficiencies were cited that require a plan of correction.	C 000		
C 165	Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or	C 165		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Pashene Sparky

Executive Director

7/31/19

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C 165	Continued From page 1 above at all times in facilities with 13 beds or more; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview, the building sanitation score was 74.	C 165	Repairs in progress, requested re-inspection on 7-26-19.	
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, a sprinkler head was missing on the front porch. Sprinkler systems must be maintained in proper working order. 2. Based on observation, the sink was clogged in the bathroom off bedroom 308.	C 189	Contracted with Odyssey Fire Protection, LLC for repair, currently waiting on quote for repairs. Estimated completion date: 3 weeks from 7/30/2019. Sink Repair by Maintenance on 7-17-19.	