STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054064	A. BUILDING: **01** B. WING _____	R **08/01/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	**1406 EAST SHINE STREET KINSTON, NC 28501**

(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 1, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{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. Interview with facility staff revealed that all of the inspection reports were not available for review. Findings on August 1, 2019: a. The most recent Sanitation inspection of the Building was not available for review.	{C 111}		
{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.	{C 189}		

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{C 189}	Continued From page 1 This Rule is not met as evidenced by: 2. Based on observation, not all of the Building and fire safety equipment was maintained in a safe and operating condition. This could expose occupants to smoke and fire if not contained in the room of origin. Findings on August 1, 2019: Findings on 06/28/2019 The corridor door to Room 3 was sagging and leaving a 1/4 inch gap below the door stop along the top of the door. Observation of the top hinge showed some loose fasteners. The hinge appeared to have had several previous attempts at repair. Findings on 08/01/2019 On the follow up inspection, the door hit the frame and would not close. Interview with staff revealed that the hinges had been replaced. Direct observation revealed a section of the door had broken out at the top hinge.	{C 189}		