

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 R 08/21/2019
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 a Complaint Follow Up Construction Survey by Ed Miller, conducted on August 21, 2019. Deficiencies were cited that will require a new Plan of Correction.	{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: Finding on 08/21/2019: 1. Based on observation, a sprinkler head was missing on the front porch. Sprinkler systems must be maintained in proper working order. 3. Based on observation, interview with Executive Director, Fire Marshal and Fire Sprinkler Maintenance Company Manager, the Building was not maintained in a safe and operating condition; because maintenance was not performed in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. New Finding on August 21, 2019: a. Examination of the fire sprinkler riser	{C 189}		

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: HAL030009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/21/2019
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 189}	Continued From page 1 revealed the pressure gauge on the accelerator line is registering about 3 psi. The trip time on the annual inspection report was 138 seconds. 4. Based on observation, and interview with Executive Director, the Building was not maintained in a safe and operating condition; because egress from the exit is hampered with obstructed sidewalks. This would affect all, by not providing the free and unobstructed egress away from the Building. New Findings on August 21, 2019: a. Most Exits - the sidewalks from most exits are obstructed because of the replacement of foundation drains. This work has caused sections of the sidewalks to be removed, dirt piled up on the sidewalks and lawn furniture to be stored on the sidewalks.	{C 189}			