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PRINTED: 08/25/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 704 POORS FORD ROAD RUTHERFORDTON, NC 28130		
(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 Construction Section Biennial Survey by Ed Miller, conducted on September 19, 2019. Records indicate that this facility was first licensed on 3-4-1998, for a capacity of 40. Based on this information the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. Deficiencies were cited that require a Plan of Correction.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 19, 2019: a. Living Room - the exterior exit is completely blocked with large chair. Deficiency corrected before Construction Surveyors departed site.	C 150	Slide the chair over put a sign up to not move chair in front of door	10/1/19 sign
C 165	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 165		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mike Smith* TITLE *owner*

(X6) DATE

10/1/19

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NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 704 POORS FORD ROAD RUTHERFORDTON, NC 28139		
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C 166	Continued From page 1 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on September 19, 2019: a. Building - much of the ventilation system with their radiation dampers have an excessive accumulation of dust/lint.	C 166	The grilles were removed and the dampers were cleaned. In the future we will check them twice a year	9/20/19
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on September 19, 2019: a. Entire Building - Many Bedroom Bathrooms	C 175		

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NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 784 POORS FORD ROAD RUTHERFORDTON, NC 28139		
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C 175	Continued From page 2 and adjoining Bedrooms do not have working towel bars. Provide an individual towel bar for each Resident either in the Bathrooms or the adjoining Bedrooms.	C 175	ordered new hooks for bathroom scheduled for 10 Oct delivery. Will put up when they arrive got extra hooks in case need to replace broken hooks	10/1/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Owner, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 19, 2019: a. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 3rd shifts.	C 185	In the past we tried to have drills when we had new employees, we will change our rotation of our drills to ensure that we have 1 drill per shift each quarter	9/20/19
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	C 189		

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C 199	Continued From page 3 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, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 19, 2019: a. Med Room - the wall mounted self-contained emergency light is making a buzzing sound and has no light output when the test button is pushed. b. Bathroom near Nurse Station - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on September 19, 2019: a. Main Electrical Room - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Riser Room - because of a leak, the joint between the wall and ceiling has deteriorated, leaving a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not	C 189	The emergency Lights 9/19/19 in med room and bathroom were replaced with New LED Emergency Lights we check the Lights monthly dry wall putty was 9/20/19 put in the hole around Wire The joint in the Riser Room was sealed 9/27/19 using Red Intumescent Caulking.	

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