Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074037	A. BUILDING: 01 B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED OAK ASSISTED LIVING	2920 WILLIAMS ROAD GREENVILLE, NC 27834

(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 Biennial Survey by Tod Hancock, conducted on November 15, 2023. Records indicate that this facility was licensed on 7-15-1992. This facility is currently licensed for (62) beds. Based on this information, this facility is required to meet the 1991 Rules for Homes for the Aged and Disabled and Minimum Standards and Regulations and the applicable components of the 2005 Regulations for Adult Care Homes of Seven or More Beds. The facility is also required to meet the 1978 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy.	C 000		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on November 15, 2023: a. Central Hall-Visitor bath- The receptacle adjacent to the lavatory did not trip on test indicating the lack of ground fault protection. b. Laundry- The receptacles behind the washing machines did not trip on test indicating the lack of ground fault protection.	C 188	replaced defect in Bathroom replaced both GFCI's in laundry room. all completed 12/4/23	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: executive director — (X6) DATE: 12-27-23