STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 Suzanna Fay conducted on January 25, 2024. This facility was licensed on December 12, 1988 and an addition was licensed on April 5, 1994. The facility is currently licensed for 96 Beds with a 40 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds. The original building was surveyed for conformance with the 1978 (Revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy and the addition with the 1991 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, a wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel. Findings on January 25, 2024: a. A schematic wiring diagram of the special locking system and a system components map was not displayed adjacent to the fire alarm panel. 3. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on January 25, 2024: a. SCU - the override switches are keyed switches. Only one staff member interviewed had a key. At the time of survey, the key was not on her person but was kept in her office.	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 111	Continued From page 2	C 111		
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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on January 25, 2024: a. The most recent Fire Sprinkler System inspection report available was dated April 25, 2019.	C 111		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the	C 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 154	Continued From page 3 administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on January 25, 2024: a. SCU - none of the exterior doors have sounding devices on the doors that is activated when the door is opened.	C 154		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on January 25, 2024: a. Front entry canopy - the section of siding just below the attic vent is missing. b. Front right porch - the siding along the bottom of the gable is rotting and damaged. c. There is a temporary roof patch on the back side of the 300 Hall where the roof is damaged. d. A large section of the metal cap on the fire wall behind the kitchen is missing. e. There is a pattern of flashing around roof	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 160	Continued From page 4 penetrations buckling. f. Exit at end of 400 Hall - the gable siding is rotting and damaged. The trim and soffit at the right corner of the gable is rotting and deteriorating. There is a large hole where the exterior soffit and fascia trim has rotted and the paint is flaking. g. SCU Courtyard - the fabric awning has ripped and most of it has torn away leaving a small jagged and stained section. h. AL Courtyard Gazebo - a section of the roof framing is broken. The paint is flaking and there is a green coating of mildew on the benches and railing. i. Exterior Storage Room (by the Smoking Porch) - the door trim is rotted and damaged along the bottom left of the door. f. 600 Hall Exit - the soffit and fascia material at the back corner of the 600 Hall is rotted, leaving holes for pests to enter the facility. g. A section of the gutter is sagging at the back side of the 500 Hall. h. Back of 500 Hall - there are at least three temporary roof patches along this section of roof due to leaks.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 164	Continued From page 5 This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean and in good repair. Findings on January 25, 2024: a. Kitchen - the ceiling finish flaking and peeling around the food prep area. b. There is a pattern of return air grilles and exhaust fan grilles with excessive accumulations of dust. 2. Observations revealed that the floors were not kept clean and in good repair. Findings on January 25, 2024: a. AL Dining - the glue for the VCT flooring is seeping through the joints leaving black stains around the joints and cracks in the area off of the 300 Hall. b. The corridor floors along the 300 and 400 Halls are heavily scuffed and appear dirty. c. Room 314 - there is a dark gray stain on the floor covering the center of the room. The tile below the window are loose. d. Room 303 - the flooring below the window is faded and warped and there is a urine odor in this area. Two roaches were observed crawling under the bed by the door. e. Exit by Room 415 - one of the floor tiles is broken and missing at the door threshold. f. Beauty Salon - the floors are scuffed and dirty and there are several large orange circular stains on the floor. g. Riser Room - there is a layer of brown mud on the floor around the riser. 3. Observations revealed that the walls were not kept clean and in good repair.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 164	Continued From page 6 Findings on January 25, 2024: a. Room 301 - the paint at the fire wall is bubbled and flaking along the top of the wall and down the length of the room. b. Riser Room - the finishing tape along the top of the wall behind the riser has peeled off and there is black mildew stains along the top of the wall. c. Shower Room across from Room 608 - there is a hole at the wall in front of the shower and scrape marks on the wall from wheelchair damage. 4. Observations revealed that the furnishings were not kept clean and in good repair. Findings on January 25, 2024: a. Room 309 - the veneer at the top left of the door is loose and pulling away from the door. b. Room 407 - the veneer along the left bottom of the door is splintering and breaking off which could cause injury. c. Shower Room across from Room 611 - the toilet paper dispenser is broken. d. SCU Half Bath by Med Room - the toilet paper dispenser is broken.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 166	Continued From page 7 This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on January 25, 2024: a. 300 Hall Community Room - access to the override switch for the door was blocked by a refrigerator. The refrigerator was moved at the time of survey. b. 600 Hall - a wheelchair was in the corridor at the exterior door partially blocking the exit. 2. Observations revealed that the facility was not maintained in a clean and orderly manner, free of all obstructions and hazards. Findings on January 25, 2024: a. SCU Shower by Room 509 - the shower seat has been removed but the metal support bracket is still attached which could cause injury if a resident bumped it or tripped over the metal bracket. b. Room 619 (last room on right of 600 Hall) - the door hardware is a keyed lockset which may allow the resident to lock himself in the room. c. Exit by Vending - the door does not close and latch. 3. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on January 25, 2024:	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 166	Continued From page 8 a. 600 Hall Electrical Room behind Housekeeping - there is cleaning equipment, walkers and miscellaneous items stored within 36" of the electrical panels. 4. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on January 25, 2024: a. SCU Med Room - there are five tall oxygen bottles stored without restraints in a shallow plastic bin.	C 166		
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. Observations revealed that the facility did not provide towel bars in the bedrooms or adjoining bathrooms for each resident. Findings on January 25, 2024: a. Observations revealed that none of the bedrooms and adjoining bathrooms had a sufficient number of towel bars for each resident	C 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 175	Continued From page 9 bed.	C 175		
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. Review of records revealed that the records of rehearsals did not include the staff members present. Findings on January 25, 2024: a. There was not a record of the participating staff on the fire rehearsal logs.	C 185		
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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 10 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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on January 25, 2024: a. Kitchen - the escutcheon ring is missing on the sprinkler head near the dining door. b. Kitchen - there are two unsealed penetrations over the dishwashing area. c. Beauty Salon - the sprinkler head escutcheon ring is missing leaving a gap in the fire resistant rated ceiling. d. Room 508 - the escutcheon ring on the front sprinkler head is loose. e. AL Main Corridor - there are three deep cracks in the ceiling approximately 24" long radiating from the light fixture outside the Nurses' Station and the light is not secure at one side. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 25, 2024: a. 300 Hall Shower Room by Dining - the bottom edges of the door are rotted and damaged and the door no longer closes completely. b. Room 619 (last room on right of 600 Hall) - the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 11 door is not latching when closed. 3. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on January 25, 2024: a. AL Side - the exit doors are equipped with screamer boxes for the override switches. Five of the six tested did not alarm when the box was opened. b. The magnet on the exterior door to the Smoking Porch is detaching from the door which may prevent the door from locking in the evening hours and compromising the security of the building. c. Room 509 - the call bell system was removed from the wall. d. SCU Dining - the exterior keypad at the Dining Room exit door did not operate properly to allow staff to re-enter the facility at that location. 4. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on January 25, 2024: a. 300 Hall - there is an open junction box outside of the Community Room. b. Room 303 - the cover plate on the electrical outlet at the window was broken. 5. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls and doors could allow fire and smoke to spread beyond the area of origin.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 12 Findings on January 25, 2024: a. 300 Hall Community Room - there are two 1/4" diameter holes through the door above and below the door hardware. b. Riser Room - there is a hole in the wall behind the riser and the sheetrock around the opening is black with mildew. c. 600 Hall Housekeeping - there are two 1/4" diameter holes through the door above and below the door hardware. 6. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on January 25, 2025: a. Main Hall - there is an excessive amount of lint behind the dryers coating the walls, piping and electrical equipment creating a fire hazard. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on January 25, 2025: a. Main Laundry - there is an excessive amount of lint collecting on the sprinkler head at the dryers which could delay activation of the head during a fire. 8. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 13 Findings on January 25, 2024: a. Emergency light #15 in the Vending area did not illuminate on test. b. SCU Activity Room - emergency light #3 did not illuminate on test. 9. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on January 25, 2024: a. The exit sign/light at the entrance to the Special Care Unit did not illuminate on test. b. The exit sign/light at the fire doors by Room 602 did not illuminate on test. 10. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on January 25, 2024: a. The fire extinguisher by the Vending area exit did not receive its monthly in-house inspection. 11. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD FOUR OAKS, NC 27524**

(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 14 Findings on January 25, 2024: a. 300 Hall - at the time the fire alarm was activated, housekeeping had placed a "wet floor" sign at the cross corridor doors. The sign prevented the doors from closing and latching. The sign was moved at the time of survey. b. 400 Hall - the right hand door of the cross corridor doors did not latch when released by the fire alarm.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on January 25, 2024: a. 300 Hall Shower Room by Room 308 - the	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051060	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SENIOR LIVING	**565 BOYETTE ROAD** **FOUR OAKS, NC 27524**

(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 199	Continued From page 15 exhaust fan is not working. b. Room 413 Bathroom - the exhaust fan is not working. c. Main Hall Soiled Utility Room - the exhaust fan is not working. d. Main Hall Soiled Linen - the radiation damper on the exhaust fan is closed and there is no pull at the fan to ventilate the room. e. 500 Hall Shower Room by Room 509 - the fan motor is not working properly to provide ventilation for the room. f. Soiled Utility across from Room 606 - the exhaust fan is not working. g. Shower Room across from Room 608 - the exhaust fan is not working.	C 199		