

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2025
NAME OF PROVIDER OR SUPPLIER WAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 KIDD ROAD RALEIGH, NC 27610		
(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 March 12, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceiling and floors were not kept clean and in good repair. Findings on March 12, 2025: a. Room 127 Shared Bath - the door frame is rusting along the bottom leaving jagged rusty metal edges exposed.	{C 164}		
{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:	{C 175}		

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: HAL092144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2025
NAME OF PROVIDER OR SUPPLIER WAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 KIDD ROAD RALEIGH, NC 27610		
(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 1 (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 each bedroom or adjoining bathroom did not have towel bars in good repair for each resident. Findings on March 12, 2025: b. Room 115 Shared Bath - one of the four towel bars was broken.	{C 175}		
{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: 1. 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. Findings on March 12, 2025: b. The emergency light at the Nurses Station did not illuminate on test. d. Activity Room - the emergency light over the	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2025
NAME OF PROVIDER OR SUPPLIER WAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 KIDD ROAD RALEIGH, NC 27610		
(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 2 cabinetry did not illuminate on test. e. Dining Room - the emergency light at the corridor wall did not illuminate on test. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps or holes within the face of the door. Findings on March 12, 2025: a. Medical Supply Room across from the Resident Restroom - the door knob does not fit the opening and there is a sliver of a hole at one side of the door knob. The knob was replaced and there is still a gap. 5. 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. Findings on March 12, 2025: a. West Hall - the right hand door of the fire doors is not latching when released by the fire alarm. The door hardware is loose. b. East Hall - the left hand door of the fire doors is not latching when released by the fire alarm. The latch plate is loose.	{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	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2025
NAME OF PROVIDER OR SUPPLIER WAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 KIDD ROAD RALEIGH, NC 27610		
(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 3 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 March 12, 2025: a. Room 128 Shared Bath - the exhaust fan is not working. Parts are on order. b. Employee Restroom - the exhaust fan is not working. Parts are on order. c. Laundry - the exhaust fan is not working. Parts are on order.	{C 199}		