

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 09/01/2015
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NAME OF PROVIDER OR SUPPLIER WAKE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 KIDD ROAD RALEIGH, NC 27610
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(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 Follow-Up Construction Survey by Ed Miller September 1, 2015. The following deficiencies cited during the May 13, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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. This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to keep the building and environment clean and maintained. Findings include: a- The exhaust fan vents in most locations throughout the building have a coating of dust and lint. c- In Resident Room 114, the chair rail above the paneling is missing, leaving the exposed edge of the plywood. 2- Based on observations, the facility has failed to maintain the building free of hazards. Findings include:	{C 166}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 166}	Continued From page 1 b- In Shower Room 1, the grab bar beside the commode is loose at the wall.	{C 166}		