

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2015
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NAME OF PROVIDER OR SUPPLIER KINSTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD KINSTON, NC 28504
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(4) 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 Construction Survey by Ed Miller and Greg Cates on September 16, 2015. Records indicate that the Facility was first licensed on April 1, 1985, for 60 (Sixty) residents. Therefore, the facility was surveyed for conformance with the 1984 Rules for Homes of the Aged, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or more Beds, and the 1978 Edition of the North Carolina State Building Code Volume 1 -Section 409-Institutional Occupancies. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 137	Bathrooms-Nonskid Strips in Showers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (12) Nonskid surfacing or strips shall be installed in showers and bath areas; and This Rule is not met as evidenced by: Based on observation, the facility failed to ensure that the shower floor is equipped with a skid-resistant surface. This affects all residents who may use the shower by not preventing slipping on the slick floor. Findings on September 16, 2015: The showers in the group Bathrooms are not equipped with non-skid surfaces or strips	C 137	Will be completed by 11-30-15	
C 148	Corridors-Handrails	C 148		

CONSTRUCTION SECTION
OCT 28 2015
RECEIVED

Division of Health Service Regulation
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jammy Torres
TITLE
RCC
(X8) DATE
10-23-15
FORM 25KN21 If continuation sheet 1 of 20

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160	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on September 16, 2015: a. The back and left side of the site was littered with trash, tarps, equipment and mattresses. b. The brown grass like vegetation was overrunning the back patio left side creating a rope like surface that may trip someone. c. Wood lattice sections from the guard rail system have fallen off and are laying on the patio with their staples pointing up. d. The exterior can wash area was completely covered with bags of trash and broken equipment.	C 160	Completed on 10-20-15	
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. Based on Observation, the Building was not kept clean and in good repair, because some building components failed to function as originally intended or are missing. This could	C 164		

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164	<p>Continued From page 3</p> <p>affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on September 16, 2015:</p> <p>a. The back Activity Room exterior exit door would not latch so the door cannot be secured. b. The exterior door to the TV Room would not latch so the door cannot be secured. c. In bedroom 213 the window sill (blue stone) was loose. d. Many of the hollow-core closet and toilet rooms that are in the bedrooms have hole in them created by the hinge-mounted doorstops. e. Many of the hollow-core closet and toilet rooms that are in the bedrooms are very scuffed-up. f. The PTAC unit in Bedroom 111 had a large gap between the housing and the unit. g. The Bulk Laundry had a broken window.</p> <p>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on September 16, 2015:</p> <p>a. There was a pattern exhibited where all of the floors were dirty and sticky. b. Behind the dryer in the Bulk Laundry, there was a buildup of lint and trash. c. The Binds in the Bulk Laundry were broken. d. There was an abandoned exhaust duct in the Bulk Laundry that did not have a wall cap and damper. e. On the back Activity Room's, stoop there was a stain that smelled of urine. f. Throughout out the building, the intersection of the carpet with the vinyl tile under the bedroom doors to the corridor has deteriorated to a point that the carpet is unraveling and the tile edges are breaking up.</p>	C 164	<p>Will be completed by 11-30-15</p> <p>Completed on 10-20-15</p> <p>Will be completed by 11-30-15</p> <p>Completed on 10-20-15</p>	

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C 164	<p>Continued From page 4</p> <p>g. The carpet was stained, and dirty at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Central Corridor near Employee Only Room, ii. Central Corridor near Office, iii. Central Corridor near Kitchen iv. Central Corridor near Dining, v. Staff Station vi. Both side of the 200 Hall firewall. vii. Bedroom 100 <p>h. The kitchen floor was dirty with an accumulation of dirt, stains and grease deposits along the perimeter of the floor and around equipment supports.</p> <p>i. The wall base was missing or damaged in the following locations. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Bedroom 206, Missing ii. Bedroom 207, missing <p>J. The texture ceiling in Bedroom 200 was in disrepair.</p> <p>k. The carpet at the door to Bedroom 102 was worn away.</p> <p>l. Many Bedroom and Toilet Room walls need cleaning and possible painting.</p> <p>3. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on September 16, 2015:</p> <ul style="list-style-type: none"> a. In the Dining Room, the built-in counter was missing its plastic laminate end pieces. b. In the Beauty Shop, the arms on the salon chair and dryer chair were torn-up and in disrepair. c. The Mirror in the Beauty Shop was cracked. d. Throughout the facility, the mirrors were originally secure to their vertical surfaces with six clips. Most of the mirror are only secured with two now. e. Most built-in cabinet in the residents rooms were having one or any combination of the 	C 164	<p>Will be completed by 11-30-15</p> <p>W. Will be completed by 11-30-15</p> <p>Completed on 10-20-15</p> <p>Will be completed by 11-30-15</p> <p>Will be completed by 11-30-15</p>	

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166	<p>Continued From page 6</p> <p>Findings on September 16, 2015:</p> <p>a. The over-the-bed light was loosely attached to the wall in Bedroom 210.</p> <p>b. An electrical power receptacle in the Bulk Laundry had a broken cover plate.</p> <p>c. The Kitchen Hood gas cutoff valve was missing its cover plate.</p> <p>d. In the Freezer the refrigeration equipment was missing its cover plate.</p> <p>e. In Bedroom 200 an electrical power receptacle had a cracked cover plate</p> <p>f. Behind the kitchen stove there appears to be an electrical power box missing its cover plate.</p> <p>g. The globe to the light fixture in Bedroom 101 was missing.</p> <p>2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts.</p> <p>Findings on September 16, 2015:</p> <p>a. The shower hose was missing its hand held shower wand spray head,</p> <p>b. The floor drain in the Laundry was missing its grate, creating a tripping hazard,</p> <p>c. The floor drain grate for the shower in the Bathroom near Bedroom 210 was at least 5/8 inch below the finish floor, creating a tripping hazard</p> <p>d. The hot and cold water control valves were reversed for the sink in Bathroom near Bedroom 18,</p> <p>e. Several hand sinks in the group bathrooms had become loose and propped up with supports. The supports spring from the front bottom of the sink to the floor. These supports are mostly wood post that, get, and stay wet. These wood posts make it difficult to mop under these sinks.</p>	C 166	<p>Will be completed by 11-30-15</p> <p>Will be completed by 11-30-15</p> <p>Was not found</p>	

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166	Continued From page 7 f. The connection of the commode to the floor was loose, in Bedroom 210.	C 166		
170	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. The facility failed to maintain curtains, draperies or blinds at windows for privacy. Findings on September 16, 2015: a. In Bedroom 111 the window blinds were damaged and could no longer adequately cover the windows to provide privacy for the residents	C 170	Will be completed by 11--30-15	
174	Bedroom Furnishings-Table, Mirror, Chairs 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: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by	C 174	Will be completed by 11-30-15	

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174	<p>Continued From page 8</p> <p>resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility has failed to provide resident rooms with the required furniture for the number of residents. This could affect all residents, by providing an institutional setting instead of a homelike setting. Findings on September 16, 2015: a. Many resident rooms lacked a sufficient quantity of comfortable armchairs for the number of residents in the room.</p>	C 174		
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>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.</p> <p>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 16, 2015: a. Most residents' rooms including the adjoining toilet rooms did not provide a means for each resident to hang a separate towel.</p>	C 175	<p>Will be completed by 11-30-15</p>	

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185	Continued From page 10 facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to adequately document the rehearsals. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on September 16, 2015: a. The fire plan rehearsal records provided no description of what the rehearsal involved only list of staff and training that followed.	C 185		
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 failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on September 16, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester in the Bathroom near Bedroom 270. The circuit tester read open neutral. b. The electrical power receptacles that are within six feet of wet areas did not provide ground fault protection at the following locations to include but not limited to:	C 188	Will be completed by 11-30-15	

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189	<p>Continued From page 12</p> <p>several deficiencies that have not been addressed.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 16, 2015:</p> <p>a. The Central Corridor exit near the back Activity Room discharges on to a patio that is enclosed with a guardrail and gate. The gate's was equipped with a wheel had sunk into the ground requiring more effort than normal to open and egress the building.</p> <p>b. The Central Corridor exit door near the back Activity Room and its frame fits so tightly that it requires more effort than normal to open it.</p> <p>3. Based on Observation, the facility was not maintained in a safe manner by having fire rated doors that did not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in the fire compartment of origin. Findings on September 16, 2015:</p> <p>a. The back leaf of the 200 hall cross-corridor fire doors did not latch when activated by the fire alarm system.</p> <p>b. The front leaf does latch, but the latch hardware will not release with normal effort.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leaves not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not</p>	C 189	Will be completed by 11-30-15	

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C 189	<p>Continued From page 13</p> <p>contain smoke/fire in the room of origin. Findings on September 16, 2015: a. The front leaf of the 100 hall cross-corridor door had a broken glass pane.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on September 16, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Central Corridor exit near Back Activity Room, ii. 100 Corridor at Firewall, iii. Dining, Both units, iv. 200 Corridor near Bedroom 215, v. Corridor near Bedroom 202 vi. Corridor near Bedroom 107 vii. Corridor near Bedroom 109</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 16, 2015: a. The exit signs did not work on backup power when tested. Locations of specific examples include but are not limited to: i. Central Corridor exit near Back Activity Room,</p>	C 189	<p>Completed on 10-20-15</p> <p>Completed on 10-20-15</p>	

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C 189	<p>Continued From page 14</p> <p>ii Corridor near Bedroom 114.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on September 16, 2015: a. In the exterior Electrical Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space. b. There was an unapproved multiple plug adapter(3) being used in the Bulk Laundry. Deficiency corrected before Construction Surveyors departed Site. c. There was an unapproved multiple plug adapter(6) being used in the Beauty Shop and Bedroom 109. d. In the Back Activity Room, there was some broken wiremold carrying a plugged in device.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on September 16, 2015: a. Many of the Bedroom to Corridor doors leafs may not contain a fire, because the veneers have been worn away exposing the blocking near the handle. The lack of the veneer has also weaken the doors ability to latch as the stick bolt is loose. b. Bedroom 208 corridor door had some machine screws installed in its hinges. c. Linen room near Bedroom 206 only had one</p>	C 189	<p>Will be completed by 11-30-15</p> <p>Will be completed by 11-30-15</p>	

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C 189	<p>Continued From page 15</p> <p>screw holding the lockset to the door leaf.</p> <p>d. In the TV Room the corridor door, require more than normal effect to open because the door had a split in its jamb allow the door the hit the floor</p> <p>9. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on September 16, 2015: a. In the TV Room the exterior door, require more than normal effect to open as it hits the door frame.</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on September 16, 2015: a. Three conduit had gaps around them as they penetrated the one-hour fire-resistance-rated ceiling. b. At the intersection of the Central Corridor with the Short Corridor and in Bedroom 212 the one-hour fire-resistance-rated walls and ceiling joints that are separating. c. There were holes through the one-hour fire-resistance-rated ceiling were light fixtures were removed in the Exterior Electrical Room.</p> <p>11. Based on observation, the Building was not</p>	C 189	<p>Will be completed by 11-30-15</p> <p>Will be completed by 11-30-15</p>	

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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 189	<p>Continued From page 16</p> <p>maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on September 16, 2015: a. The exit sign at the 200 Corridor Exit was dangling from the ceiling by its power wires.</p> <p>12. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on September 16, 2015: a. The tub in the Bedroom 210 had a hose long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>13. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on September 16, 2015: a. A portable medical oxygen cylinder was stored standing up not secured to the structure. Locations of specific examples include but are not limited to: Bedroom 108 Bedroom 114</p> <p>14. Based on Observation, the Building was not maintained accessible for inspection. Findings on September 16, 2015:</p>	C 189	<p>Will be completed by 11-30-15</p> <p>Completed on 10-20-15</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2015
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NAME OF PROVIDER OR SUPPLIER KINSTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD KINSTON, NC 28504
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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 189	Continued From page 17 a. The survey did not include the following locked areas: i. Tammy's Office ii. Beth's Office iii. Business Office iv. Tammy's Supply Closet on the 200 Hall.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on September 16, 2015: a. In Bedroom 102 the Bathroom sink hot water was 90 degrees Fahrenheit.	C 195	Will be completed by 11-30-15	
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT	C 197		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2015
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NAME OF PROVIDER OR SUPPLIER KINSTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD KINSTON, NC 28504
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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 197	<p>Continued From page 18</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain in an operating manner illumination of the egress pathways. This would affect all residents, staff and visitors if the egress pathways were not illuminated. Findings on September 16, 2015: a. Most exterior exit lights did not illuminate when switched on.</p> <p>2. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels were lower than required, as traversing the space become more difficult and tripping/falling could increase. Findings on September 16, 2015: a. In Bulk Laundry, three of the four light fixtures were not working. b. In the Group Bathroom most shower lights did not illuminate the space.</p>	C 197	Completed on 10-20-15	
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be</p>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2015
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NAME OF PROVIDER OR SUPPLIER KINSTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD KINSTON, NC 28504
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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 199	<p>Continued From page 19</p> <p>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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 16, 2015: <ul style="list-style-type: none"> a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> Bulk Laundry, Housekeeping Mop Sink Room 2. The exhaust ventilation was not working in Bathroom near Bedroom 107. 	C 199	Will be completed by 11-30-15	

KINSTON ASSISTED LIVING
 10 BOX 1807

KINSTON ASSISTED LIVING
 2130 ROSE VISTA DR

KINSTON NC 28504
 Phone: 252-522-5783

KINSTON NC 28504
 Phone: 252-522-5783

NFPA 72 FIRE ALARM INSPECTION
 as Scheduled 4/11/15 at _____

Issued Date: 02/02/2015
 Contact: _____

and FIRE-LIFE
 Unit: FA

FIRE ALARM INSPECTION Model #: 5210UD

TEST FREQUENCY-	SEMI	ANNUALLY	OTHER
<u>Fire Life</u> FACT MANUFACTURER			<u>Integrated</u>
MS-5L10U MODEL #			
123.4V AC AC VOLTAGE			
23.4V AC (10) DETECTOR VOLTAGE			
3VDC NAC 1 VOLTAGE			
24.6VDC NAC 2 VOLTAGE			<u>Both Good</u>
60VDC BATTERY 1 VOLTAGE			
60VDC BATTERY 2 VOLTAGE			
<u>✓-6</u> MANUAL PULL STATIONS			
<u>✓-4</u> AUDIBLE DEVICES			<u>✓-27</u>
VALVE TAMPER			<u>✓-4</u>
WATERFLOW			<u>✓-54</u>
PRESSURE SWITCH			<u>✓-25dB</u>
DUCT DETECTORS			<u>Global</u>
DUCT MANUFACTURER			
MODEL #			
SYSTEM ON TEST			
AC VOLTAGE			
DUAL PHONE LINES			
BATTERY VOLTAGE			
SIGNALS RECEIVED			
SYSTEM OFF TEST			
SMOKE DETECTORS			
VISUAL DEVICES			
HEAT DETECTORS			
DOOR HOLDERS			
HVAC SHUTDOWN			
ELEVATOR CAPTURE			

SENSITIVITY TEST _____ YES (SEE ATTACHED RESULTS) _____ NO

ADDITIONAL W/ORDER TO CORRECT THE FOLLOWING:

Replace 2-12v 5Ah Batteries at next Annual Service.
Comments: Last test 2 12v 5Ah Batteries updated Both passed,
ed U.L. Approved Smoke and shorting clips to Activated devices,
AC Devices are not synchronized DORA closed properly,
and system Activated Alarm on 2/10 ALL functions Normal as installed

INSPECTION CONDUCTED IN ACCORDANCE WITH NFPA 72 STANDARDS

Item Description	Unit price	Total Amount
<u>Annual Fire Alarm System Inspection</u>		
<u>Per NFPA-72 at time of installation</u>		

Information	Date	Arrived	Depart	Hours	Rate/Hr
SERVICEPERSON					

I have reviewed the above information and acknowledge the work has been completed and/or the problem corrected to my satisfaction, at this time.

W. J. Jones
 Owner Signature

P.O. # _____

Carroll Jones 4/11/15
 Serviceperson Signature

Keep this copy for your records! Charges will apply for additional copies.

Customer: KING'S
KINSTON ASSISTED LIVING
PO BOX 1027

GREENSBORO, NC 27406
336-273-8859 www.tsfire.com

DATE
12/30/2014
ID# GC-07 83.7

KINSTON NC 28504
Phone: 252-522-5783

SITE# 1
KINSTON ASSISTED LIVING
2130 ROSE VISTA DR

KINSTON NC 28504
Phone: 252-522-5783

FIRE EXTINGUISHER SERVICE
date Scheduled 4/1/15 at _____

Issued Date: 01/01/2015
Contact: _____

manuf. BUCKEYE Model #: BFR15
Unit: RINSP RESTAURANT & EXT INSPECTION

- 4/1/15 RINSP RESTAURANT & EXT INSPECTION
- INSPECT, CERTIFY & TAG ALL FIRE EXTINGUISHERS
- RECHARGE FIRE EXTINGUISHER IF NEEDED
- MAKE SURE FIRE EXTINGUISHER HAS A PULL PIN
- CHECK & REPLACE O-RING IF NEEDED
- WIPE OFF FIRE EXTINGUISHER WHEN FINISHED WITH SERVICE
- HYDRO TEST FIRE EXTINGUISHER EVERY 12 YEARS
- 6 YEAR MAINTENANCE MUST BE DONE EVERY 6 YEARS
- ANNUAL SERVICE IS DUE IN 3/2016

ADDITIONAL W/ORDER NEEDED FOR 300 5 Links
TEST FREQUENCY -- SEMI ANNUALLY OTHER
SYSTEM ON TEST TIME SYSTEM OFF TEST TIME

- CHECK PRESSURE GAUGE INDICATOR IN OPERABLE RANGE
- THERE ARE NO VISIBLE SIGNS SYSTEM HAS FIRED/TAMPED
- CHECK ALL PIPING & CONDUIT/MUST BE IMMOBILIZED W/PROP
- CHECK POSITIONING OF ALL NOZZLES
- CHECK SELF-CLOSING CAPS REPLACE NOZZLE CAPS
- CHECK/CLEAN FUSE LINKS, REPLACE SEMI-ANNUALLY
- TEST SYSTEM OPERATION FROM TERMINAL LINK
- TEST SYSTEM OPERATION W/MANUAL & REMOTE MANUAL PULL
- TEST OPERATION OF GAS VALVE & MICRO SWITCH
- CHECK OPERATION OF MULTIPLE SYSTEMS
- REPLACE/SEAL ALL SAFETY PINS IN MANUAL/REMOTE RELEASE
- REPLACE SYSTEM COVERS ALL FILTERS REPLACED
- SYSTEM IS NOW VISIBLE & FREE FROM OBSTRUCTIONS
- FUEL SHUT-OFF IS IN ON POSITION
- CHECK EXHAUST FAN FAN WARNING SIGN ON HOOD
- CLEAN SYSTEM CYLINDER & COMPONENT PARTS
- INSPECTION & SERVICE TAG ON SYSTEM CYLINDER
- ALL COOKING SURFACES PROTECTED BY SYSTEM
- PERSONNEL HAS BEEN INSTRUCTED ON MANUAL OPERATION
- LOCAL FILING REQUIRED WITH _____ LOCATED AT _____
- SYSTEM IN SERVICE _____
- COOKING LOCATIONS KC 10th OUT _____

USE LINKS 360-500 360° F GAS ELECTRIC
SYSTEM ACTIVATES BUILDING FIRE ALARM YES NO
*UL 300 COMPLIANT YES NO (CUSTOMER MUST INITIAL)** 2016
***ADDITIONAL W/ORDER NEEDED TO CORRECT THE FOLLOWING:

55K of Swan ABC's 10lb. Due for by inspect on hydro test (2016)

Item Description	Unit price	Total Amount
<u>Annual Fire Exty with inspection</u>		
<u>360° F XL style fuse links</u>		

I have reviewed the above information and acknowledge the work has been completed and/or the problem corrected to my satisfaction at this time.

Customer Signature

P.O. #

Ron R. White 4/1/15
Serviceperson Signature

Retain this copy for your records. Charges will apply for additional copies.