

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL065020</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/17/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHAMPIONS ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1007 PORTERS NECK ROAD<br/>WILMINGTON, NC 28411</b> |
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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 |
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| C 000              | <p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey conducted by Greg Cates and Frank Strickland on March 17, 2016.</p> <p>Based on the information in our files, the facility was first licensed as a Home for the Aged for One Hundred Forty-Eight (148) Beds on April 27, 2000. Based on this information, we are requiring the facility to meet the the 1996 Rules for the Licensing of Adult Care Homes; applicable portions of the 2005 Regulations for Adult Care Homes; and the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained.</p>                                                                                                                                                           | C 000         | <p>Champions Assisted Living acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written assertion of compliance.</p>                                                                                                                                                                                                                                                                                 |                    |
| C 189              | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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:<br/>1- Based on observations, the facility has failed to maintain the clothes dryer exhaust system safe. This could affect the occupants of the building by allowing lint to build-up in the exhaust ducts, possibly allowing combustion of the flammable lint.</p> <p>Findings include:</p> | C 189         | <p>Champions Assisted Living's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Champions Assisted Living reserves the right to refute and incorporates by reference any rebuttal of any deficiency on this statement of deficiencies that it submits through informal dispute resolution, formal appeal and/or other administrative or legal procedures.</p> <p>C189 Building Equipment Maintained Safe, Operating</p> <p>Champions Assisted Living will assure that the clothes dryer exhaust</p> |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Administrator | (X6) DATE<br>4/5/16 |
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| C 189              | Continued From page 1<br><br>a- The dryer vent covers and flaps on the exterior of the building are broken or missing. | C 189         | system is safe. In response to:<br><br>1. The dryer vent covers and flaps on the exterior of the building are broken or missing.<br><br>The facility will install metal dryer vent covers instead of plastic in the areas identified in the survey. The facility will inspect exterior dryer vent covers and flaps. The facility will replace any damaged vents or flaps with metal as needed to prevent heat and weather from drying out or cracking the plastic cover. As the facility completes its semi-annual inspection of dryer vents, the facility will maintain and change dryer vent covers that are damaged at that time. A line item for the inspection of exterior dryer vent covers and flaps will be added to our semi-annual checklist. This checklist will be monitored by the facility's Safety Committee. The facility will have this plan of correction in place by April 23, 2016. |                    |