STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: **01** B. WING _____	R **08/24/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	**2610 HWY 130 WEST ROWLAND, NC 28383**

(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 by Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on August 24, 2018 from 10:45 AM to 11:20 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{C 000}		
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 2. At the time of the survey it was observed that there was a drop off where the front concrete porch meets the gravel driveway. This creates a tripping/falling hazard. The rule requires that the facility be maintained in a safe and clean condition. 08/24/2018-PD: Based on observations during the Follow-up Survey, this has not been corrected. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	{C 183}		