Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING \_ HAL067023 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE **ONSLOW HOUSE** JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow-Up Complaint Construction Survey by Ed Miller and Billy Bryant on January 14, 2016. The following deficiencies have not been satisfactorily corrected and will require a new Plan of Correction. {C 166} Housekeeping-Maintained Free of Hazards {C 166} 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 not been maintained in a clean manner and free of hazards as evidenced by the growth of mold in resident rooms that were vacant or planned for renovation at the time of the survey. Findings on 01/14/2016: Mold was present in but not limited to the specific locations listed below: a. Closet door frames and ceilings in Rooms 17. {C 189} Building Equipment Maintained Safe, Operating {C 189} 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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL067023	B. WING		R-C <b>01/14/2016</b>		
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{C 189}	care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app.  This Rule is not me 1. Based on observe maintained mechan condition. In the root units were inoperate rooms the PTACS on. Failure to provide failure to operate H conditioned air is provided to the	maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities.  Let as evidenced by: ations the facility has not nical equipment in operating oms with mold growth PTAC alle or in some cases in vacant were operable but not turned the operating HVAC units or VAC units to provide comoting mold growth in the comoting mold growth	{C 189}				

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