STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01		J 22122	
	HAL092143				03/1	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZEBULO	ZEBULON HOUSE 551 PONY ZEBULON					
			ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
C 000	Initial Comments		C 000			
	This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on March 15, 2016.					
	This facility was first licensed as a Home for the Aged serving 60 residents, 31 of which reside in a special care unit, on March 25, 1999. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 (1999 Revision) North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were noted which will require a new					
0.400	plan of correction		0.400			
C 133	Bathrooms-Hand G	Grips	C 133			
	rooms are: (6) Hand grips sha	05 PHYSICAL Its for bathrooms and toilet It be installed at all and showers used by or				
	maintained in a saf	et as evidenced by: vation, the facility was not e manner by not providing nand grips in the bathrooms				
	Findings Include: a) The hand grip of bathroom is loose.	on the wall in the Med Room				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division	of Health Service Re	egulation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		HAL092143	B. WING		03/1	5/2016
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		
ZEBULO	N HOUSE	551 PONY	_			
		ZEBULO	N, NC 27597			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE
C 160	Continued From pa	ige 1	C 160			
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					
	This Rule is not me 1. Based on obser the facility was not	vation, the outside premises of				
	Findings include: a) Near the freeze become disconnec	r the gutter downspout has ted.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F	PHYSICAL PLANT				

This Rule is not met as evidenced by:

1. Based on observation, the resident furnishings in bedrooms and floors in other areas were not maintained in good condition.

10A NCAC 13F .0306 HOUSEKEEPING AND

(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

Findings include:

FURNISHINGS

(a) Adult care homes shall:

a) The tile floor in the Arcade/PT area is dirty and

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facilities.

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DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL092143	B. WING		03/1	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
7 55 •	N HOUGE	551 PONY	ROAD			
ZEBULON HOUSE ZEBULON,		I, NC 27597				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2	C 164			
	marked up. b) Room 206 has filoose/missing on the loose/missing on the loose/missing on the d) Room 207 has a e) Room 408 has filoose/missing on the	urniture with handles e drawers. urniture with handles e drawers. I broken door on the wardrobe urniture with handles				
C 189	Building Equipment Maintained Safe, Operating		C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.					
	and 400 halls did no system was activate b. It appears an ac removed from the "l	devices on the 100, 200, 300 of operate when the fire alarm ed. celerator assembly has been B" riser in the sprinkler riser all required equipment is				

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STATE FORM 5699 JQ8B21 If continuation sheet 3 of 8

AND PLAN OF CORRECTION DRIVER DRI	Division	Division of Health Service Regulation						
NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE \$51 PONY ROAD ZEBULON, NC 27597 [MA] ID PREFIX TAGS CONTINUED (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAGS CONTINUED FROM THE SECULATION FOR LSG DENTIFYING INFORMATION) COMPLETE CONTINUED FROM THE SECULATION FOR LSG DENTIFYING INFORMATION) CONTINUED FROM THE SECULATION FOR TH			` '					
S51 PONY ROAD ZEBULON, NC 27597 SUMMARY STATEMENT OF DEFICIENCIES CRACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY DE			HAL092143	B. WING		03/1	5/2016	
C 189 SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED	NAME OF F				STATE, ZIP CODE			
EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FROM THE PROPORTIATE COMPLETE DATE COMPLETE DATE COMPLETE TAG CONSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE COMPLETE DATE DATE COMPLETE DATE COMPLETE DATE DATE COMPLETE DATE	ZEBULON HOUSE		_					
properly installed on the "B" riser. c) The over ride switch on the Exit door near room 310 is working intermittently. Replace d) Corridor bathroom ceiling near room 302 has a radiation damper activated e) The Med Room HVAC return and associated radiation damper are covered with dust which may prevent proper operation of the damper in a fire emergency f) In the soiled linen room near the fire alarm panel, sprinkler heads are covered with lint g) In the corridor ceiling outside the Activity room a radiation damper has activated h) The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit over the 200 Hall in the SCU i) Laundry room sprinkler heads are covered with lint j) The Exterior Storage Room has items stored within 18" of sprinkler heads, and a radiation damper is activated 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have issues: a) Kitchen Pantry door won't close and latch, is wedged open, and has a hole at the door knob, b) Laundry door is wedged open, d) 200 Hall Exit door is scrubbing the frame e) Supply storage room door near room 301 has a hole at the door knob f) Room 404 door is wedged open,	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
g) Activity room corridor doors are wedged open h) Living Room corridor door won't close and latch	C 189	properly installed or c) The over ride sw room 310 is working d) Corridor bathrood a radiation damper e) The Med Room radiation damper armay prevent proper fire emergency f) In the soiled liner panel, sprinkler hear g) In the corridor of a radiation damper h) The sample tubes smoke detectors we the 200 Hall in the Si) Laundry room splint j) The Exterior Storwithin 18" of sprinkl damper is activated 2. Based on observer not maintained that did not close of Findings include: The following doors a) Kitchen Pantry dowedged open, and b) Laundry door is wedged open, an	in the "B" riser. witch on the Exit door near g intermittently. Replace om ceiling near room 302 has activated HVAC return and associated re covered with dust which r operation of the damper in a n room near the fire alarm ads are covered with lint eiling outside the Activity room has activated es for the HVAC duct mounted ere dirty in the HVAC unit over SCU wrinkler heads are covered with rage Room has items stored ler heads, and a radiation f vation, the facility components d operable by having doors ompletely and latch. s have issues: oor won't close and latch, is has a hole at the door knob, wedged open, door is wedged open, or is scrubbing the frame room door near room 301 has nob is wedged open, rridor doors are wedged open	C 189				

i) Conference room door wedged open

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL092143	B. WING		03/1	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY. S	STATE, ZIP CODE		
		551 PONY		,		
ZERLII ON HOUSE		I, NC 27597				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				,		
C 189	Continued From pa	ige 4	C 189			
	i) Office door has h	noles in it where hardware was				
	removed, and is we					
	k) Medical Records	s door has holes at the door				
	knob,					
	I) Copy room door					
	m) Business office	aoor weagea open				
	3. Based on observ	vation, the building electrical				
		intained to keep the facility				
	safe.					
	Findings include:					
		HVAC electrical disconnect				
		the exterior of the building				
		ed to prevent access to unqualified persons.				
		a broken outlet cover,				
	,	nnect HP #12 the GFCI outlet				
	will not trip,					
	d) In the exterior st	torage room at the kitchen the				
	electrical panels are					
		Panel Room the panels are				
	blocked	motal autlat acyar plata is bant				
	i) in the kitchen a f	metal outlet cover plate is bent.				
	4. Based on obser	rvation, the building exit				
		aintained in a safe manner.				
	This would affect all residents by not keeping the					
	exits visible in an emergency.					
	Finalia and the steeds					
	Findings include:	n 108 has left and right arrows				
		the exit path is straight				
		eft and right arrows on the				
	sign to eliminate co					
	-					
		rvation, the building was not				
		e manner by not maintaining				
		rating of building components.				
	i nis would affect al	Il residents by not containing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL092143	B. WING		03/15/2016		
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ZERULON HOUSE 551 PONY							
ZEBULON HOUSE ZEBULON,		N, NC 27597					
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C 189 Continued	l From pa	ige 5	C 189				
a. The att unprotects and PVC b. The att area has a sleeve an c. The Dir penetration d. The Dir e. The Drunprotects f. The supsprinkler e. In the composing in the escutched h. In the composing in the composition of the pops in the composition of the pops. In the composition of the pops in the composition of t	smoke and fire in the room or smoke compartment of origin. Findings include: a. The attic smoke barrier wall over room 105 has unprotected penetrations by an open sleeve, wire, and PVC pipe that have no fire caulk. b. The attic smoke barrier wall at the Arcade/PT area has unprotected penetrations by an open sleeve and wire that have no fire caulk. c. The Dining room ceiling has an unsealed penetration at the disco ball spot light, d. The Dining Room ceiling is split open e. The Dryer room at the Laundry has unprotected ceiling penetrations f. The supply storage room near room 301 has a sprinkler escutcheon that has dropped g. In the corridor near room 301 there are nail pops in the ceiling and a dropped sprinkler escutcheon h. In the conference room a sprinkler escutcheon has dropped. i. In the office ceiling there are nail pops. k. In the office ceiling there are nail pops. l. In the business office ceiling there are nail pops. I. In the front lobby a sprinkler escutcheon has dropped n. In the electrical panel room ceiling there are unprotected penetrations, and an unsealed						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL092143	B. WING		03/15/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZEBULON HOUSE 551 PONY		_				
040.15			I, NC 27597	DDOVIDEDIS DI AN OF CODDECTIO		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
		vation, the building plumbing maintained in a safe manner				
	Findings include: a) The spray hose in room 207 shower has no vacuum breaker. b) The spray hose in room 203 shower has no					
	vacuum breaker.					
	 7. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed. Findings include: a) The Arcade/PT exit corridor is blocked by diaper boxes reducing the width to less than the 8 feet required for egress in an emergency. b) The first floor front corridor access to the front door is blocked by a chair reducing the width between it and the stairs to less than the 3 feet required for egress in an emergency. 					
C 199	99 Exhaust Ventilation		C 199			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be 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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL092143	B. WING		03/1	5/2016
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ZEBULON HOUSE 551 PONY						
,		ZEBULON	I, NC 27597			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
.,		,		DEFICIENCY)		
C 100	Continued From no	~~ 7	C 199			
C 199	Continued From pa	ge 7	C 199			
	(5) laundry area.					
	(k) This Rule shall	apply to new and existing				
		ception of Paragraph (e)				
	which shall not app	ly to existing facilities.				
	This Rule is not me					
		vation, the building exhaust				
		maintained in accordance with				
	this Rule.					
	Findings include:					
		in the Staff bathroom is not				
	working.	THE Stail bathloom is not				
		in room 204 bathroom is not				
	working	1 III 100111 204 Buttin00111 10 110t				
		in the Soiled Linen room is				
	not working					
	· ·					

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