STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL007015 06/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD **PANTEGO REST HOME** PANTEGO, NC 27860 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 Biennial Survey by Billy S. Bryant conducted on 06/29/2016. Records indicate this facility was first licensed on 06/01/1973. The facility is currently licensed for 30 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observations the outside grounds of the facility are not maintained in a clean and safe condition. Findings from 06/29/2016: a. Water from the gutter downspouts is not flowing away from or directed away from the building creating muddy conditions and standing water at the back porch entrance, along the side of the facility with the kitchen and the dining room, and at the exterior room containing duct work from the HVAC unit in the front of the

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

TITLE (X6) DATE

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
		HAL007015	B. WING		06/2	9/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PANTEG	O REST HOME	143 SWAN					
TAITLO	O NEOT HOME	PANTEGO	, NC 27860				
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C 160	Continued From page 1		C 160				
	building.						
	building.						
	b. Concrete transitioning from grade to the concrete rear porch slab is broken and presents a tripping hazard.						
	c. There is a hole with standing water at the exterior entrance door to the kitchen.						
	d. Soffit trim is rotting at various locations around the exterior of the building.						
	front of the building	ng along the right side of the is bent and separated ter to damage the wood soffit					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;					
	This Rule is not me 1. Based of observa being kept in good i	ation the facility walls are not					
	Finding on 06/29/20 a. Laundry - The gla window is broken.	016: ass in the exterior wall's					
	b. Room #10 - The	glass in the exterior wall's					

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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		
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C 164	Continued From pa	ge 2	C 164				
	window is broken.						
	c. Room #14 - The room's walls and doors are scarred and damaged.						
	d. Men's Room Adja is rusted.	acent to Room #3 - The door					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	orderly manner, fre hazards;	06 HOUSEKEEPING AND					
		et as evidenced by: vation of the laundry ity was not maintained free					
		016: the product being used for the ition duct is in accordance					
	b. Room #5 - The chasp and a pad loc	closet door was locked with a k.					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an						

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C 189	care home shall be operating condition (k) This Rule shall facilities with the ex	umbing equipment in an adult maintained in a safe and . apply to new and existing sception of Paragraph (e) ly to existing facilities.	C 189				
	Based on observe maintain the facility manner. Penetratio rated ceilings could	ration there is a failure to 's fire safety systems in a safe ns or holes in fire resistant leffect the occupants of the ire and smoke to spread					
	associated piping wand there are holes	O16: Room - A water heater and was removed form the room in the fire resistant rated for the water heater was also					
	fire resistnat rated of exhaust fan.	There was a large gap in the ceiling around the grille for the le the surveyor was on site.					
	maintain the facility	ration there is a failure to 's fire safety equipment. The cility could be effected if fire id not function.					
		016: and inspections of the portable re not being documented.					
	maintain the facility	ration there is a failure to 's fire safety equipment in a dition. The occupants in the					

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C 189	Continued From page 4		C 189			
	remain closed as re	ected if doors do not latch and equired so as to limit the fire to the area of origin.				
	Finding on 06/22/20 a. Room #7 - The door contacts the d from closing.	016: loor hinges are loose and the oor frame preventing the door				

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