

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 06/08/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

{C 000}	Initial Comments  This report is of a Followup Survey done by Bob Getchell on June 8, 2016.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (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 facilities.  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.  Followup Findings on June 8, 2016 include: c) Room 204 has furniture with handles loose/missing on the drawers. d) Room 207 has a broken door on the wardrobe f) There is a worn arm on the couch in the SCU Living Room	{C 164}	1. c Item repaired  1. d. Item will be repaired estimate date 8/1/2016 1. f. Item replaced	
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,	{C 189}		

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

*Charlene Burkett, Adm*

TITLE

(X6) DATE

7-13-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/08/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	<p>Continued From page 1</p> <p>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:</p> <p>1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe.</p> <p>Followup Findings on June 8, 2016 include: d) Corridor bathroom ceiling near room 302 has a radiation damper activated</p> <p>3. Based on observation, the building electrical system was not maintained to keep the facility safe.</p> <p>Followup Findings on June 8, 2016 include: c) At exterior disconnect HP #12 the GFCI outlet has no power, and repair could not be confirmed.</p> <p>5. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components.</p> <p>Followup Findings on June 8, 2016 include: a. The attic smoke barrier wall over room 105 has an unprotected penetration by wire not sealed with fire caulk. 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 o. In the sprinkler riser room there is wall damage remaining on the right side of the tank.</p>	{C 189}	<p>1. d. Item repaired</p> <p>3.c. Item will be repaired estimated date</p> <p>5, a. Item repaired</p> <p>5.d. Item repaired</p> <p>5. e. Item repaired</p> <p>5. f. Item will be repaired estimate date</p> <p>5. o. Item will be repaired estimated date</p>	<p>8/1/2016</p> <p>8/1/2016</p> <p>8/1/2016</p> <p>8/1/2016</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  
**ZEBULON HOUSE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**551 PONY ROAD  
ZEBULON, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 2 Leak damage was repaired.  These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.	{C 189}		
{C 199}	Exhaust Ventilation  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 (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.  Findings include: b) The exhaust fan in room 204 bathroom is not working	{C 199}	1.b. Item will be repaired estimated date 8/1/2016	