

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 biennial construction survey done by Bob Getchell on August 24, 2016. This facility was first licensed as a Home for the Aged serving 24 residents on May 01, 1976. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code, Group D, Institutional Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the facility does not meet all of the Building Code requirements for spaces	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 101	Continued From page 1 that are not separated from the corridor. This could result in the adjacent corridor becoming compromised with smoke if there were not rapid detection of smoke or alternatively separation provided for the space. Findings The kitchen door is a hollow bi-swing door that does not separate the kitchen from the dining room, which is open to the exit corridor. The kitchen is not equipped with automatic smoke detection and the space is not suitable for smoke detection because the presence of steam and vapors from cooking operations would result in nuisance alarms. Therefore, the kitchen should be provided with a solid door equipped with positive latching.	C 101		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having handrails that were not secured. Findings include: a) Handrails are loose in the hallway outside room 1	C 148		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 148	Continued From page 2 b) Handrails are loose in the hallway outside room 8	C 148		
C 166	Housekeeping-Maintained Free of Hazards 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 floor coverings in the facility were not maintained in a safe manner. This could expose residents and staff to a tripping hazard. Findings include: a) Room 17 has damaged floor covering, b) The tile is damaged near the Nurse station	C 166		
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, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building electrical system was not maintained to keep the facility safe by allowing residents to use extension cords and expansion blocks in the outlets. This would affect all residents by potentially overloading electrical circuits in the bedrooms.</p> <p>Findings include:</p> <p>Extension cords and outlet expansion devices were observed in the following locations:</p> <p>a) Room 4 has an outlet expansion device. b) Room 8 has an outlet expansion device, c) Room 19 has an extension cord,</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include:</p> <p>The following doors have issues:</p> <p>a) Room 16 bedroom door won't close and latch, b) Corridor bathroom door near the Nurse station scrubs frame and will not close and latch, c) Pantry door in the kitchen will not close and latch,</p> <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a) Room 6 has a damaged wall behind the chair. b) The dining room closet ceiling has an unsealed penetration by cable,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 4 c) To the right of the Living Room exterior door there is an unprotected penetration in the ceiling by conduit. 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. 4. Based on observation, the building electrical system was not maintained to keep the facility safe by not maintaining baseboard heaters. This would affect the residents by potentially exposing them to a shock or abrasion hazard. Findings include: a) Room 1 has a cover missing on the baseboard heater. 5. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: a) Exit sign at front door near office not working.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER PINE FOREST REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 WOODLAND, NC 27897		
(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 191	Continued From page 5 (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility was not maintained in a safe manner by having a portable electric heater. Findings include: a) A portable electric heater was found in the Activity Directors office.	C 191		