STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED	
					R		
	HAL092143				08/	08/03/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET A 551 PON	DRESS, CITY, ST	TATE, ZIP CODE			
ZEBULO	NHOUSE		N, NC 27597				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	IMARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL "ORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THI DEFICIENCY)		(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	This report is of a F Getchell on August	Followup Survey done by Bob 3, 2016.					
	The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.						
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}				
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	5. Based on obse maintained in a saf	et as evidenced by: rvation, the building was not e manner by not maintaining rating of building components.					
	Followup Findings	on August 3, 2016 include:					
	sprinkler escutched	ge room near room 301 has a on that has dropped. Protection scheduled 8-16-16					
{C 199}	Exhaust Ventilation	I Contraction of the second	{C 199}				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWDER.	A. BUILDING: 01			R 08/03/2016
	HAL092143		B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ZEBULO	N HOUSE	551 PON ZEBULO	IY ROAD 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	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)		(X5) COMPLET DATE
{C 199}	Continued From page 1 (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. Followup Findings	maintained in accordance with on August 3, 2016 include: n in room 204 bathroom is not				

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