

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2016
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NAME OF PROVIDER OR SUPPLIER CLASSIC CARE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577
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(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland on 12/07/2016:</p> <p>This facility was first licensed on 07/01/1992 as a HA. This facility is currently licensed for 12 Beds. Therefore, this 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 1991 (1992 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1991 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 136	<p>Bathrooms-Must Be Mechanically Ventilated</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p>Findings on 12/07/2016:</p>	C 136		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 136	Continued From page 1 The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Bath 1-Left Tiolet (b) Laundry/Soiled Linen Closet	C 136		
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. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to service the FACP. This condition may present a hazard in the event of a fire to the residents and staff. Findings on 12/07/2016: The FACP does activate when tested to detect smoke. However, the panel displays trouble indicating a problem. 2-Based on observations, this facility has failed to maintain the egress signage. This condition may present a hazard in the event of an emergency to exit the facility. Findings on 12/07/2016: The exit sign is not illuminated at the Day Room exit.	C 189		