AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED 12/09/2016	
				12/		
			DDRESS, CITY, ST	DRESS, CITY, STATE, ZIP CODE		
	NT VILLAGE AT NEW	TON	APMAN LANE N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of Construc by Dennis Harrell o	tion Section Biennial Survey n 12-9-2016.				
	5-12-1994, for 40 b by the facility owner built in 1985. Based are requiring that th Minimum Standard for the Aged and Di of the 2005 Regula Seven or More Bed	is facility was first licensed on eds. Documentation provided r indicates that this facility was d on the this information, we his facility to meet the 1984 s and Regulations for Homes sabled, the applicable portions tions for Adult Care Homes of s and the 1978 NC State ion 409 Institutional	3			
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	annual fire alarm sy not be located. Fire inspected and appr	of documents, the required ystem inspection report could a alarm systems that are not oved as required could result stem not operating properly in				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		B. WING		12/09/2016		
IAME OF F	PROVIDER OR SUPPLIER		T ADDRESS, CITY, ST	TATE, ZIP CODE		
IEDMO	NT VILLAGE AT NEV	VTON	CHAPMAN LANE ON, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	age 1	C 164			
	coverings kept cleat(2) have no chron(3) have furniture	es shall: ilings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; I apply to new and existing				
	Based on observa	net as evidenced by: tion, the ceiling in the dining placed but needs to be finish	ed			
C 166	Housekeeping-Ma	intained Free of Hazards	C 166			
	10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards;	PHYSICAL PLANT 306 HOUSEKEEPING ANI es shall: in an uncluttered, clean and ee of all obstructions and I apply to new and existing				
	Based on observatives was laying on the filines that are not not above the floor or	net as evidenced by: tion, the ice machine drain lir floor drain. Ice machine drai naintained at least 2 inches floor drain, as required by the ice to become				
C 185	Fire Safety-Rehea	rsals on Each Shift	C 185			
	10A NCAC 13F .03 EVACUATION	PHYSICAL PLANT 309 PLAN FOR rehearsals of the fire plan				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01			PLETED	
		B. WING		12/	09/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE AT NEW	TON	APMAN LANE			
		NEWTON	I, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 185	Continued From pa	ige 2	C 185			
	 quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review. 					
C 189		t Maintained Safe, Operating	C 189			
	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.					
	fire rated walls and, in locations. Holes sealed with materia one-hour fire rated	et as evidenced by: vation the required one-hour /or ceilings were compromised and penetrations that are not als approved for use in construction present the e that begins in one space can				

LNAB21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING		12/	09/2016	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	12/	00/2010
	NT VILLAGE AT NEW	TON	APMAN LANE			
	-	NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	ige 3	C 189			
	Findings include: a. Hole in the wall bathroom, b. Hole in the wall	ther areas of the facility. in the upper hall ladie's in the medroom, ing in the lower hall living				
	are prevented from resist the passage doors that do not cl present the possibil one space can quic the remainder of th Findings include; a. There was a hol door to bedroom 6. b. The door to bed c. The door to bed dragging on the floo d. The door to bed latch. e. The door to bed	e by the latchset through the room 6 was hard to close. ladies shower room was				
	corridor near room back-up. Exit signs	vation, the exit sign in the 6 would not work on battery s that do not work properly e residents and staff.				
	mounted loosely to	vation, a receptacle was the wall in the laundry. eceptacles expose energized				
C 195	Hot Water System		C 195			
	SECTION .0300 - F					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		12/	09/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE AT NEW	TON	APMAN LANE N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 195	Continued From pa	age 4	C 195			
	provide an adequat kitchen, bathrooms closets and soil util temperature at all f be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex-	system shall be of such size to te supply of hot water to the a, laundry, housekeeping ity room. The hot water ixtures used by residents shall minimum of 100 degrees F d shall not exceed 116 degrees apply to new and existing acception of Paragraph (e) ly to existing facilities.				
	Based on observat	et as evidenced by: ion, the hot water temperature bom tested only 92 degrees F.				
C 199	SECTION .0300 - F	PHYSICAL PLANT	C 199			
	provided with exhan two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex	ted in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed 4, with natural ventilation in aces: rage; ; toilet rooms;				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED		
				10/	12/09/2016	
			ADDRESS, CITY, ST		12/	09/2016
		1345 CH				
IEDMOI	NT VILLAGE AT NEW	ITON	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From pa	age 5	C 199			
	Based on observat maintain required e Non-functioning ex unhealthy buildup o bacteria. Findings include;	et as evidenced by: ion the facility failed to exhaust in a working condition haust could cause an of moisture and possibly as not working in the "persona the mop sink.				
sion of He	ealth Service Regulation					

LNAB21