| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|----------------------------|---|----------|-------------------------------|--|
| | | | A. BUILDING: | U1 | | R | |
| | | HAL007015 | B. WING | | | 06/2016 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | STATE, ZIP CODE | | | |
| PANTEG | O REST HOME | | MP ROAD O, NC 27860 | | | | |
| (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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE | |
| {C 000} | Initial Comments | | {C 000} | | | | |
| | | Il Follow Up Construction r, conducted on December 6, | | | | | |
| | previous Construct | iencies cited during the ion Section Biennial Survey, sfactorily corrected and will of Correction. | | | | | |
| {C 160} | Outside Premises- | Clean, Safe | {C 160} | | | | |
| | (1) The outside gro | | | | | | |
| | 1. Based on observ | et as evidenced by: vations the outside grounds of maintained in a clean and safe | | | | | |
| | flowing away from of building creating m water at the back p of the facility with the room, and at the ex | 9/2016: gutter downspouts is not or directed away from the uddy conditions and standing orch entrance, along the side ne kitchen and the dining kterior room containing duct C unit in the front of the | | | | | |
| | but not completed. | nber 6, 2016: umps and pipeing has begun Piping on the ground in reate tripping hazardous. | | | | | |

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

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|------------------------|---|-------------------------------|--------------------------|
| | | | A. BUILDING: 01 | | R | |
| | | HAL007015 | B. WING | | 12/0 | 6/2016 |
| NAME OF F | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| PANTEG | O REST HOME | 143 SWAN PANTEGO | MP ROAD), NC 27860 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE | D BE | (X5) COMPLETE DATE |
| {C 164} | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based of observationing kept in good Finding on 06/29/20 c. Room #14 - The scarred and damage | es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: ation the facility walls are not repair. 116: room's walls and doors are ed. acent to Room #3 - The door ber 6, 2016: | {C 164} | | | |
| {C 166} | Housekeeping-Mair | ntained Free of Hazards | {C 166} | | | |
| | FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre- hazards; | es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing | | | | |

Division of Health Service Regulation

STATE FORM 6899 O00822 If continuation sheet 2 of 4

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|--|-------------------------------|--------------------------|
| | | 1141 007045 | B. WING | | F | |
| | | HAL007015 | | | 12/0 | 6/2016 |
| NAME OF I | PROVIDER OR SUPPLIER | | , , | STATE, ZIP CODE | | |
| PANTEG | O REST HOME | | MP ROAD D, NC 27860 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | .D BE | (X5) COMPLETE DATE |
| {C 166} | Continued From pa | ge 2 | {C 166} | | | |
| | | vation of the laundry ity was not maintained free | | | | |
| | Finding on 06/29/2016: a. Laundry - Verify the product being used for the dryer exhaust transition duct is in accordance with its UL listing. | | | | | |
| | Findings on Decem The dryer exhaust t | ber 6, 2016: ransition duct has a hole in it. | | | | |
| {C 189} | Building Equipment | Maintained Safe, Operating | {C 189} | | | |
| | mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex | 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and | | | | |
| | maintain the facility manner. Penetratio rated ceilings could | ation there is a failure to 's fire safety systems in a safe ns or holes in fire resistant effect the occupants of the ire and smoke to spread | | | | |
| | associated piping wand there are holes | 016: Room - A water heater and vas removed form the room in the fire resistant rated | | | | |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE COME | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|--|--|------------------------|-------------------------------|--|--|
| HAL007015 | | B. WING | | | R 12/06/2016 | | | |
| NAME OF I | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| PANTEG | PANTEGO REST HOME 143 SWAMP ROAD PANTEGO, NC 27860 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETE DATE | | |
| {C 189} | Continued From page 3 | | {C 189} | | | | | |
| | removed. | | | | | | | |
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Division of Health Service Regulation