Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING 01 06/29/2016 B. WING HAL007015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 143 SWAMP ROAD PANTEGO REST HOME PANTEGO, NC 27860 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION! TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of a Biennial Survey by Billy S. Bryant conducted on 06/29/2016. Records indicate this facility was first licensed on 06/01/1973. The facility is currently licensed for 30 Beds. Therefore the 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 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 160 C 160 Outside Premises-Clean, Safe The facility will assure 9/30/16

Heat all gutters will

flow properly according

to the rules - She manager

will monitor and and

issues before will address

with maintaners Man-SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: The outside grounds of new and existing facilities shall be maintained in a clean and safe condition: This Rule is not met as evidenced by: 1. Based on observations the outside grounds of the facility are not maintained in a clean and safe condition Findings from 06/29/2016; a. Water from the gutter downspouts is not flowing away from or directed away from the building creating muddy conditions and standing water at the back porch entrance, along the side of the facility with the kitchen and the dining room, and at the exterior room containing duct work from the HVAC unit in the front of the Division of Health Service Regulation Administrature OSS) DATE USUPPLIER REPRESENTATIVE SIGNATURE ASCRATORY DIRECTOR'S OR PROVIDE

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING 01 06/29/2016 B. WING HAL007015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 143 SWAMP ROAD PANTEGO REST HOME PANTEGO, NC 27860 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 160 C 160 Continued From page 1 building. b. Concrete transitioning from grade to the concrete rear porch slab is broken and presents a tripping hazard. There is a hole with standing water at the exterior entrance door to the kitchen. d. Soffit trim is rotting at various locations around the exterior of the building. e. The gutter running along the right side of the front of the building is bent and separated allowing leaking water to damage the wood soffit and trim. C 164 The facility will C 164 Housekeeping and Furnishings-Clean, Repaired 9/30/16 SECTION .0300 - PHYSICAL PLANT assure that all 10A NCAC 13F .0306 HOUSEKEEPING AND furnishings and housekeeping are in accordance with the FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; rules. All walls, ceiling (3) have furniture clean and in good repair; (a) This Rule shall apply to new and existing door and etc - are in facilities. good working condition This Rule is not met as evidenced by: Based of observation the facility walls are not Monager to Moniter and send in any issues to maintaineme. being kept in good repair. Finding on 06/29/2016: a. Laundry - The glass in the exterior wall's window is broken.

b. Room #10 - The glass in the exterior wall's

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED DENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: 01 06/29/2016 B. WING HAL007015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 143 SWAMP ROAD PANTEGO REST HOME PANTEGO, NC 27860 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID: (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 C 164 Continued From page 2 window is broken. c. Room #14 - The room's walls and doors are scarred and damaged. d. Men's Room Adjacent to Room #3 - The door is rusted. The facility will 9
assure that equipment are warking tainetly and free furnany horsond.
Proper use 9 locks will be use for storaged nomitor areas- Manager monitor hotify maintaine to wheak the matter at hand C 166 Housekeeping-Maintained Free of Hazards C 188 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: Based on observation of the laundry equipment the facility was not maintained free from hazards. 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. b. Room #5 - The closet door was locked with a hasp and a pad lock. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

REQUIREMENTS

(a) The building and all fire safety, electrical,

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STATEMEN	VISION OF Health Service Regulation ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015		(X2) MULTIPLE CONSTRUCTION A BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 06/29/2016		
	PROVIDER OR SUPPLIES	STREET ADD	IP ROAD	STATE, ZIP CODE			
(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 CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	TION SHOULD BE COMPLETE DATE		
C 189	care home shall be operating condition (k) This Rule shall facilities with the which shall not as the which shall not a shall not as the which shall not a shall	plumbing equipment in an adult be maintained in a safe and on. all apply to new and existing exception of Paragraph (e) oply to existing facilities. The safe of origin.	C 189	The facility will that all five safe manual according to the same according to the same are on Boheauted of the facility will that hales will be sealed in exeas #	for congel	eteen	
	fire extinguishers 3. Based on obs	/2016: s and inspections of the portable s are not being documented. ervation there is a failure to lity's fire safety equipment in a		The faility will a that all portable are documented.	ssure fire properly	9134/4	

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:		(X3) DATE SURVEY COMPLETED 06/29/2016	
	PROVIDER OR SUPPLIER	143 SWA	MP ROAD O, NC 27860	STATE, ZIP CODE		
(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	facility could be effected as spread of smoke Finding on 08/22/	flected if doors do not latch and required so as to limit the or fire to the area of origin.		The facility will will that all Hoperly on the to assure safety. The facility-	assures inges within	9/30/10