

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(11) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007016	(12) MULTIPLE CONSTRUCTION A. BUILDING #1 B. WING _____	(13) DATE SURVEY COMPLETED R 12/06/2016
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NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860
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NC LC WEBB TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IC WEBB TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NC WEBB TAG
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(C 000) Initial Comments

Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 6, 2016.

The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.

(C 150) Outside Premises-Clean, Safe

SECTION 0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(m) The requirements for outside premises are:
(1) 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 09/29/2016:
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 building.

Findings on December 6, 2016:
a. Work to install pumps and piping has begun but not completed. Piping on the ground in pedestrian areas create tripping hazards.

The facility will 3/15/17
maintain the outside
grounds in a clean
and safe condition
free from water
flowing to the building.

Division of Health Service Regulation LSC LICENSING SECTION & OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE <i>Dianna Turner-Baker</i>	TITLE <i>Administrator</i>	DATE <i>2/11/17</i>
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Journal of Health Service Regulation
and Policy

Division of Health Service Regulation

1. STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	2. PROVIDER SUPERVISOR IDENTIFICATION NUMBER: HAL007016	3. MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	4. DATE(S) PLAN COMPLETED: R 12/06/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PANTEGO REST HOME

143 SWAMP ROAD
PANTEGO, NC 27860

14-02 PAPER TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	12 PAPER TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	14-02 PAPER TAG
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(C 160) Continued From page 2

1. Based on observation of the laundry equipment the facility was not maintained free from hazards.

Finding on 06/25/2016:

a. Laundry - Verify the product being used for the dryer exhaust transition duct is in accordance with its UL listing.

Findings on December 6, 2016:

The dryer exhaust transition duct has a hole in it.

(C 158)

The facility will assure that all exhaust transition ducts are operating properly and free from any open holes 3/15/17

(C 169) 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 observation there is a failure to maintain the facility's fire safety systems in a safe manner. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.

Finding on 06/28/2016:

a. Kitchen Storage Room - A water heater and associated piping was removed from the room and there are holes in the fire resistant rated ceiling where piping for the water heater was also

(C 159)

The facility will assure that fire safety systems are operating and in good condition - 3/15/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	JAH PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1007015	03-MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	LSC DATE SURVEY COMPLETED R 12/06/2016
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27660	
42-IC 154716 TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY
IC 157: Continued From page 3 removed.	IC 159:		