PRINTED: 05/08/2017 FORM APPROVED

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039004 NAME OF PROVIDER OR SUPPLIER STREET AE | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING | | | (X3) DATE SURVEY COMPLETED 03/31/2017 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|--|
| | | HAL039004 | | | 03/ | | |
| | | DDRESS, CITY, STATE, ZIP CODE | | 00/ | 03/31/2017 | | |
| PINE GA | RDENS ADULT CARE | | IE TOWN ROA), NC 27565 | D | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' 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 000 | Initial Comments | | C 000 | | | | |
| | Report of a Biennial Construction Survey by Billy S. Bryant conducted on 03/31/2017. | | | | | | |
| | 01/01/1965. The fact September 1993 and 03/29/1995. The fact 31 Beds. Therefore conformance with the Adult Care Homes of applicable portions Revision) Edition of Code(s), Institutiona Rules for Licensing | is facility was first licensed on cility was closed prior to no was re-licensed on cility is currently licensed for the facility was surveyed for he 2005 Rules for Licensing o of Seven or More Beds and of the 1958 and 1991 (1995 the North Carolina Building al Occupancy, and the 1991 of Adult Care Homes of s in effect at the time of initial | | | | | |
| C 160 | (1) The outside gro | PHYSICAL PLANT | C 160 | | | | |
| | wa not maintained i Findings on 03/31/2 a. "A" Hall Exit - The from the exit door. T has separated at a | ation the exterior of the facility n a safe and clean condition. | | | | | |

K9XI21

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING | | | (X3) DATE SURVEY COMPLETED 03/31/2017 | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|----------------|---------------------------------------------|--|
| | | HAL039004 | | | 03/ | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| PINE GA | RDENS ADULT CARE | | E TOWN ROA | D | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | 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 160 | Continued From page 1 | | C 160 | | | | |
| | b. "A" Hall Exit - The galvanized pipe grab rail above the wood railing has separated at a threaded coupling leaving an gap in the grab rail. | | | | | | |
| | c. Building Exterior - There is a pattern of rotten wood fascia trim boards. | | | | | | |
| | d. Building Exterior - There is a pattern of peeling paint on window trim, brick mouldings, soffits and fascia boards. | | | | | | |
| | facing is delaminati | The facility entrance door ng and the door does not ch when pulled to close. | | | | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired | | C 164 | | | | |
| | coverings kept clea (2) have no chronic (3) have furniture c | 06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair; | | | | | |
| | This Rule is not me 1. Based on observ have not been kept | ation the walls in the facility | | | | | |
| | Both the escutcheo | piping for two shower heads. ns for the pipes are detached sing approximately 2"x2" | | | | | |
| | b. There is a gap be | etween the wall tile and the | | | | | |

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|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|-------------------------------|--|
| | | HAL039004 | | | 02/ | | |
| | | | DDRESS, CITY, ST | | 03/ | 03/31/2017 | |
| | RDENS ADULT CARE | 6016 PIN | E TOWN ROA | | | | |
| | | OXFORE | D, NC 27565 | | | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / 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 THE APPROPRIATE | (X5) COMPLET DATE | |
| C 164 | Continued From page 2 | | C 164 | | | | |
| | GFCI outlet at the sink. | | | | | | |
| 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, 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. | | | | | | |
| | maintain the facility manner due to pen- resistant rated ceilin holes in fire resistant the occupants of the smoke to spread be Finding on 03/31/20 | ation there is a failure to 's fire safety systems in a safe etrations or gaps in the fire ngs. Penetrations, gaps or nt rated ceilings could effect e facility by allowing fire and eyond the area of origin. | | | | | |
| | gypsum board ceilir from the wall moun up into the upper fa | ng where conduits and wiring ted electrical panels penetrate cility's flooring/wall. | | | | | |
| | | m - There are gaps around the e they penetrate the fire ng. | 2 | | | | |

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