STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004 NAME OF PROVIDER OR SUPPLIER STREET ADD) DATE SURVEY COMPLETED	
		HAL 052004	B. WING		05/	05/04/0047	
		DDRESS, CITY, STATE, ZIP CODE		05/	04/2017		
		1801 WI	CKER STREET				
PARKVIE		NTER	RD, NC 27330				
(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 000	Initial Comments		C 000				
		uction Section Biennial Survey nd Suzanna Fay conducted on					
	06/01/1988. The fa 116 Beds. Additions 1996 and 1998 The surveyed for confor Licensing of Adult (Beds and applicabl 1996 with 1998 Rev Carolina Building C Occupancy, and the Licensing of Adult (is facility was first licensed on cility is currently licensed for s to the facility were made in erefore the facility was mance with the 2005 Rules fo Care Homes of Seven or More e portions of the 1978 and vision Edition of the North code(s), Institutional e 1987 and 1996 Rules for Care Homes of Seven or More e time of initial licensures.	r				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND					
		et as evidenced by: /ation the facility is not m hazards.					
	had hasp type locks cooler doors that do devices inside the o	017: Ilk-in freezer and cooler have s added to the freezer and efeat the purpose of the safety cooler and freezer that would night become locked inside to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004			. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		B. WING		05/	05/04/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	IATE, ZIP CODE		
PARKVIE		NTER	ICKER STREET RD, NC 27330	EXT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 166	Continued From pa	ige 1	C 166			
	be able to unlock th	ne doors and exit.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex-	11 OTHER nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and	t			
	maintain the facility manner due to pen resistant rated ceili holes in fire resista the occupants of th	et as evidenced by: vation there is a failure to 's fire safety systems in a saf 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.	e			
	There are gaps are	017: m Adjacent to Mud Room - ound hangers and piping that esistant rated ceiling.				
		s a gap around the make-up netrates the fire resistant rate	ed			
		are gaps around the gas /oven where they penetrate ted ceiling.				
	d. Kitchen - A fire s	prinkler head escutcheon has	6			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	(X3) DATE SURVEY	
		. ,	A. BUILDING: 01		PLETED		
		B. WING		05/	04/2017		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PARKVIE	EW RETIREMENT CEI	NTER	CKER STREET RD, NC 27330	EXT			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From pa	ge 2	C 189				
		ting a gap in the fire resistant it is penetrated by the					
	Linen Closet - Ther lines to and from th	Heater Closet Across from e are gaps around the piping e water heater where they esistant rated ceiling.					
	the conduits form the	oom - There are gaps around ne electrical panels where they esistant rated ceiling.	/				
		Room - There is damage thaust duct where it penetrates red ceiling.	6				
	head escutcheon h	eauty Salon - A fire sprinkler as dropped down creating a tant rated ceiling where it is prinkler pipe.					
	maintain electrical e equipment in safe o effect occupants of	ration the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.	I				
		t to Room 104 - The wall cy light did not operate when					
	maintain electrical e equipment in safe o effect occupants of indicating the locati	ration the facility did not emergency/safety lighting operating condition. This could the facility if exit signs on of exit paths could not be f an emergency evacuation.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		05/	05/04/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
PARKVIE	EW RETIREMENT CEI	NTER	CKER STREET	EXT		
(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 THE APPROPRIATE	(X5) COMPLET DATE
C 189	direction indicating battery power when 4. Based on observe emergency/safety r maintained in safe maintain electrical of in safe and operable occupants of the fa function when and Finding on 05/04/20 a. Serving kitchen - detector has detach and is hanging by it 5. Based on observe maintain the facility safe operating cond corridors are require latch in the event of smoke. The occupat compartment could completely close ar could prevent them smoke or fire to the Finding on 05/04/20 a. 500 Hall Dining F dutch door to the co so that it does not h shut.	 2017: Area - The illuminated exit sign did not operate on tested. vation electrical elated equipment is not being operating condition. Failure to emergency safety equipment e condition could effect cility if the equipment did not as required. 2017: The room's ceiling smoke ned from its mounting base is wiring. vation there is a failure to 's fire safety equipment in a dition. Doors that open to ed to close completely and f a fire to resist the passage of ants in the smoke l be effected if doors do not nd latch or have gaps that from limiting the spread of e area of origin. 2017: Room - The bottom half of the prridor door has dropped down atch to remain closed when 		DEFICIENC	ντ)	
	dining area has an	- The dutch door into the approximately ¼" gap d bottom section of the door				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			B. WING				
HAL053004					05/	04/2017	
IAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST I CKER STREET				
PARKVIE	EW RETIREMENT CEI	NTER	RD, NC 27330				
(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 189	Continued From pa	age 4	C 189				
		door from the room to the or frame preventing it from and latching.					
	has not been maint Failure to maintain	vation the electrical equipment tained in a safe manner. electrical equipment is a safe at the safety of person exposed tion.					
	electrical outlet beh	#2 - The wall mounted hind the tub has pulled away bly exposing energized					
	outlet behind the tu	7 - The wall mounted electrica b has pulled away from the sing energized electrical wires ry.					
C 199	Exhaust Ventilation	I	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 o (5) laundry area. (k) This Rule shall	and OTHER and in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed 4, with natural ventilation in acces: rage; ; toilet rooms;					

STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
			A. BOILDING. VI			
		HAL053004	B. WING		05/	04/2017
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ARKVIE		NIER	CKER STREET RD, NC 27330	EXT		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
C 199	Continued From pa	ige 5	C 199			
	which shall not app	ly to existing facilities.				
	1. Based on observ provide the require	et as evidenced by: vation the facility failed to d exhaust ventilation es required to be mechanically	,			
		017: 305 and 506 - the exhaust bathroom room is not				