Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
			A. BOILBING.	•			
	HAL021009		B. WING		05/	05/04/2017	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
EDENTO	N HOUSE		ICAL ARTS D N, NC 27932				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Construction Section Frank Strickland or	on Biennial Survey report by 05/04/2017:					
	Home for the Aged Therefore, this facil conformance with t 2005 Rules for Lice Seven or More Bed 2002 Edition of the Code(s), Section 40	peen cited and a Plan of					
C 164	C 164 Housekeeping and Furnishings-Clean, Repaired		C 164				
	FURNISHINGS  (a) Adult care home  (1) have walls, ceil coverings kept clea  (2) have no chronic  (3) have furniture of	06 HOUSEKEEPING AND					
		et as evidenced by: ations, this facility has failed to r finishes.					
		2017: or doors have scratches and e to wheelchair interaction:					

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

(X6) DATE TITLE

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 SURVEY COMPLETED		
		HAL021009	B. WING		05/	04/2017	
	PROVIDER OR SUPPLIER	323 MED	DDRESS, CITY, STATE, ZIP CODE ICAL ARTS DRIVE N, NC 27932				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 164	(e) Room 208 (f) Room 210  2-Based on observe maintained in a safe corridor handrails, disrupting grasping resident.  Findings on 05/04/2 The corridor handra accross the hall frostation.  3-Based on observe keep clean HVAC cand other particulated Findings on 05/04/2 The Staff Bathroom	ations, this facility has not e the securement of the This could affect residents by support for stability of a 2017: ail is not secured to the wall m the 300 Hall Nurse's ations, this facility has failed to listribution grilles free of dust es.					
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me 1-Based on observe maintained in a saf- of oxygen cyclinder	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing	C 166				

Division of Health Service Regulation

STATE FORM 6899 GLKV21 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		1141 004000	B. WING				
		HAL021009	D. WINO		05/0	4/2017	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
EDENTO	N HOUSE		ICAL ARTS DRIVE N, NC 27932				
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE		
C 166	Continued From pa	Continued From page 2					
	to hazards for a rup	tured ruptured cyclinder.					
	Findings on 05/03/2017: There are oxygen bottles not stored in approved racks in the 300 Hall Med Room.						
C 189	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.		C 189				
	protection equipment a safe manner. Findings on 05/04/2	ations, the facility fire nt has not been maintained in 2017: escutcheon is not in place that					

Division of Health Service Regulation STATE FORM