Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL039004 05/30/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6016 PINE TOWN ROAD PINE GARDENS ADULT CARE** OXFORD, NC 27565 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow Up Construction Survey by Billy S. Bryant conducted on 05/25/2017. There are deficiencies from the Biennial Construction Survey conducted on 03/31/2017 that remain to be corrected. {C 160} Outside Premises-Clean, Safe {C 160} 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 observation the exterior of the facility wa not maintained in a safe and clean condition. Findings on 05/25/2017: a. "A" Hall Exit - There is a wood ramp leading from the exit door. The wood railing for the ramp has separated at a joint leaving a large gap in the top and bottom rails and the the vertical balusters. 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.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED R 05/30/2017	
		HAL039004	B. WING				
	ROVIDER OR SUPPLIER DENS ADULT CARE	6016 PIN	DDRESS, CITY, S' NE TOWN ROA D, NC 27565		·		
PRÉFIX (EACH DEFICIENCY)		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	

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