

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/30/2017</b>
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NAME OF PROVIDER OR SUPPLIER: **PINE GARDENS ADULT CARE**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **6016 PINE TOWN ROAD OXFORD, NC 27565**

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  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 000)		
(C 160)	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 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.	(C 160)	<i>STABILIZED/REPAIRED EXTERIOR RAMP BOARD. RE-ATTACHED WITH BOLTS FOR STRENGTHENING. 6/15/17</i> <i>Completed PIPE WELDED TOGETHER. 6/2/17</i> <i>Completed Boards Replaced And Painted 6/10/17</i> <i>Complete SCRAPE/REPAINT BRICK AT POINTS OF WEAR. POSSIBLY REPLACE WITH SIDING. 6/31/2017</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Almer L. Harris* TITLE: *OWNER* (X6) DATE: *6/21/2017*

STATE FORM 0000 K9X122 If continuation sheet 1 of 2