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 B. WING HAL078082 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 WORTH STREET CROMARTIE SPRING VILLAGE REST HOME** SAINT PAULS, NC 28384 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on October 3, 2017. Records indicate this facility was first licensed on January 1, 1997. The facility is currently licensed for eleven Beds. Therefore the facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code, Group R. C 160 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. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on October 3, 2017: C 160 a. Shingles were used to patch the joint between a. Ornamental shingle application in the the front porch roof and the front facade of the area of concern was removed and building. The shingles are curling and detaching. panted. b. There is a 4"x4" section of rotted exterior soffit 10/12 ,13 to the right of the front porch. b.repaired and painted rotten soffit area. 2017 c. Several sections of exterior soffit from the front c. repaired and painted entire of concern right corner to the 3 person bedroom are pulling away from the building leaving gaps for pests to Division of Health Service Regulation TITLE (X6) DATE

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

Allen S. Rabb Admin. 10/25/2017

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL078082 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 WORTH STREET CROMARTIE SPRING VILLAGE REST HOME** SAINT PAULS, NC 28384 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 160 Continued From page 1 C 160 c.reparied and painted the areas of 10/13/2017 enter the facility. concern. d. There is water damage at the exterior soffit and trim at the living room. C 160 -D was, an is a part of the biannual facility inpection. were noted deficiency or C 164 Housekeeping and Furnishings-Clean, Repaired C 164 idenified and scheduled to be address SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: c 164 1. Observations revealed that the walls and furnishings were not maintained in good repair. Findings on October 3, 2017: .a. door hardware repaired a. Staff/Visitors' Women's Bath - the door b. door reparied (hole) hardware was loose. 10/15/2017 b. Bathroom at Room 3 - there was a small hole c. resurfaced and painted in the door with wood fragments and splinters portruding from the hole. c. Community Bath - the paint on the hand grips is flaking and peeling. 2. Observations revealed that the ceilings were not maintained in good repair in one location. Findings on October 3, 2017: a. Electrical room - the ceiling in the corner had a. Cieling in electrical room was reparied some water damage and the sheetrock tape was 10/15/2017 pulling loose.

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL078082 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 WORTH STREET CROMARTIE SPRING VILLAGE REST HOME** SAINT PAULS, NC 28384 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 184 Continued From page 2 C 184 C 184 C 184 Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR **EVACUATION** (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: c 184 1. Observations revealed that the floor plan has 1. The necessary changes or alteration been altered and the evacuation plan is no longer were accurate. made to the diagrammed drawing to 11/12/17 acknowleadge current condition's. Findings on October 3, 2017: Evacuation plan /drawing is to be a. The side exit corridor has been converted into submitted storage and remains locked. The evacuation plan indicates that this is an exit route for Bedroom 4. 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.

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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 COMP	(3) DATE SURVEY COMPLETED	
		HAL078082	B. WING		10/0	3/2017	
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C 189		et as evidenced by: vealed that the building's	C 189				
	electrical equipment was not maintained in a safe and operating condition. Findings on October 3, 2017: a. Janitor Closet - the light fixture was dangling from the ceiling. b. Bathroom between 4 and 5 - the GFCI outlet did not have power and would not reset.			c 189			
				a.replaced janitor closet lig. fix.b. repaired GFI in Bathroom area of bedrm 4 & 5.	а	10/20/17 10/20/17	
				C 160-D		11/01/17	

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