STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.	VI			
HAL092143		B. WING		02/02/2018			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ZEBULO	N HOUSE	551 PON` ZEBULOI	Y ROAD N, NC 27597				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Construction Section Frank Strickland or	on Biennial Survey report by 02/02/2018:					
	Home for the Aged serving 60 resident Therefore, this facil 1996, the applicable for the Licensing of 1996 W/1999 Revis State Building Code Occupancy.	st licensed on 03/25/1999 as a a. The facility is currently s with a 31 Bed SCU. lity is required to meet the e portions of the 2005 Rules Adult Care Homes and the sion of the North Carolina e(s) for I-2 Institutional open cited and a Plan of ed.					
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: ation, this facility has failed to overings in good repair.					
	are damaged due t	ons have wall coverings that o water migration from the system supply piping in the					

Division of Health Service Regulation
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		
		HAL092143	B. WING		02/0	2/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS, CITY, S	STATE, ZIP CODE				
ZEBULO	N HOUSE	551 PONY	_				
			I, NC 27597				
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C 164	Continued From page 1		C 164				
	(b) Main Dining Hal (c) Activity Hall (d) 400 Hall (e) SCU Entry Foye						
	2-Based on observation, this facility has failed to maintain all the operating equipment in good condition for interior doors						
	Findings on 02/02/2 The door closure is Housekeeping Clos	not secured to the door at the					
		ation, this facility has failed to erating equipment in good r doors					
		2018: Office entry door has 4 holes of the door closure.					
		ation, this facility has failed to al resistance materials in an condition.					
		has been removed due to e following locations:					
C 189	Building Equipment	Maintained Safe, Operating	C 189				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	F CONSTRUCTION	(X3) DATE	SLIBVEA
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092143	B. WING		02/0	2/2018
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZEBULON HOUSE 551 PONY		(ROAD N, NC 27597				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
c c () fi v	pperating condition. k) This Rule shall acilities with the exwhich shall not apple. This Rule is not medinased on observation.	maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities. et as evidenced by: ation, this facility has failed to	C 189			
C F T d d fr () ()	maintain all fire safety equipment in an operating condition. Findings on 02/02/2018: The following locations have finishes that are damaged due to water migration from the damaged sprinkler supply piping in the attic freezing then bursting: (a) Administration Wing (b) Main Dining Hall (c) Activity Hall (d) 400 Hall (e) SCU Entry Foyer					
F T d s (/ N	maintain all fire safe condition. Findings on 02/02/2 The following location devices resheetrock water dail (a) Dining Hall (b) Activity Hall (b) Activity Hall (b) Activity Hall (c) The facility is 3-Based on observational all fire safe condition. Findings on 02/02/2	cons have had the smoke emoved due to ceiling mage: currently under a fire watch. ation, this facility has failed to ety equipment in an operating				

STATE FORM 6899 If continuation sheet 3 of 4 JLFF21

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		
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		551 PONY		,			
ZEBULO	N HOUSE		I, NC 27597				
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C 189	Continued From page 3		C 189				
	smoke detection defrom ceiling constrution sprinkler pipe Note: The facility is 4-Based on observe maintain all fire safe condition. Findings on 02/02/2 (a) All of the exit sign the water damage i (b) Exit sign not illuric) Dining Hall Exit 5-Based on observe maintain working clequipment in an op Findings on 02/02/2 The electrical pane Room is blocked by 6-Based on observe maintain the fencing Courtyard. Findings on 02/02/2 The fence that surre	evices have been removed action due to water damage failure. currently under a fire watch. ation, this facility has failed to ety equipment in an operating 2018: gnage was turned off due to n the attic in the 100 Hall. minated in the Activity Hall. Signs not illuminated. ation, this facility has failed to earances for all electrical erating condition. 2018: I in Room Oxygen Storage of a dorm size refrigerator. ation, this facility has failed to g around the SCU S ecured 2018: ound the SCU Courtyard, has as blown down by the wind due					

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