

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 Biennial Construction Survey by Suzanna Fay conducted on April 26, 2018. Records indicate this facility was first licensed on June 1, 1973. The facility is currently licensed for 30 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that all of the facility's	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 101	Continued From page 1 exits do not meet the requirements in effect at the time of construction, renovation or alteration. Findings on April 26, 2018: a. Dining room exit - the exit from the dining room to the kitchen porch does not meet the requirements for a path of egress. The door opens onto a concrete path that slopes up immediately to the kitchen's can wash. The path around the can wash is only 24 inches wide. The exit does not appear to be a required exit. Verify with the local Building and Fire Code Officials that the exit sign can be removed.	C 101		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that the staff bathroom was not designed to provide privacy. Findings on April 26, 2018: a. Staff bathroom - the bathroom has two water closets. There are no privacy partitions or curtains for each water closet.	C 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 160	Continued From page 2	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. Based on observation, the exterior of the facility was not maintained in a clean and safe condition. Findings on April 26, 2018: a. Right elevation of bedroom wing - there are mildew and dirt stains along the bottom of the exterior wall. b. The exterior fascia trim boards have black mildew stains and the paint is cracked and flaking. c. A section of the exterior fascia trim to the right of the smoking porch has separated at the seam and has dropped and turned inward leaving a gap at the seam. d. A recent storm has broken some substantially sized limbs from the pine trees at the parking lot. One of the limbs has splintered and broken and is hanging vertically.	C 160		
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be	C 162		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 162	Continued From page 3 illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways were not provided with illumination. Findings on April 26, 2018: a. Rear exit - there were two exterior light fixtures at the back door. One of the fixtures did not have any bulbs and the second light fixture did not illuminate when the switch was flipped.	C 162		
C 164	Housekeeping and Furnishings-Clean, Repaired 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: 1. Observations revealed that the furnishings were not maintained in good repair. Findings on April 26, 2018: a. Room 3 - the door hardware is loose. b. Room 13 - the door hardware is loose. 2. Observations revealed that the walls were not maintained in good repair. Findings on April 26, 2018: a. Women's bath - the wallpaper border over the	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 164	Continued From page 4 window was torn and hanging from the wall.	C 164		
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. This Rule is not met as evidenced by: 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function in the case of a fire. Findings on April 26, 2018: a. Kitchen - the heat detector in the left pantry was not secure to the base. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 26, 2018: a. Room 16 - the latch plate was missing from the door and the door did not latch when closed.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 189	Continued From page 5 This item was repaired at the time of survey. b. Room 15 - the latch plate was loose and the door would not close and latch. c. Women's bath - the door drags on the frame and does not close and latch. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on April 26, 2018: a. Room 16 - the door to the bedroom had a metal cover plate to seal a hole where the previous door hardware penetrated the door. The cover plate had shifted leaving a hole in the door. This item was corrected at the time of survey. b. Room 6 - there is a 1" diameter hole in the ceiling to the right of the closet. c. Laundry room - there is an unsealed penetration over the dryer unit where a conduit penetrates the ceiling. 4. Observations revealed that the mechanical equipment was not maintained in operating condition. Findings on April 26, 2018: a. Laundry room - the dryer duct was disconnected at the back of the dryer. This item was corrected at the time of survey. 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 189	Continued From page 6 Findings on April 26, 2018: a. The emergency light outside of Room 1 did not illuminate when tested.	C 189		