

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/24/2018
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NAME OF PROVIDER OR SUPPLIER CLASSIC CARE HOMES # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577
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(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
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C 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland on 10/24/2018: This facility was first licensed on 07/01/1992 as a HA. This facility is currently licensed for 12 Beds. Therefore, this 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 1991 (1992 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1991 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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-Based on observation, this facility has not been kept clean and in good repair. Findings on 10/24/2018: The ceramic tile floor base and threshold in the roll-in shower located in the Bathroom access	C 164		

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LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cindy Bradford</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/11/18</i>
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STATE FORM 609 OJ5N21 If continuation sheet 1 of 2

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C 164	Continued From page 1 the hall from the Kitchen needs to be regouted.	C 164	The new owners have hired a maintenance man to come and repair the grout at the threshold to the roll-in shower. He is scheduled to begin work on 11/16/18 with a walk-through and inspection of the facility, including the deficient area(s), and to begin work on 11/19/18 with the primary emphasis being the needed repairs documented on the statement of deficiency. These repairs are scheduled to be completed by 11/30/18. The repair of the wall receptacle will be a repair of primary importance with the maintenance man scheduled to come on 11/16/18. The repair is scheduled to be completed by 11/30/18.	
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 electrical devices shall be maintained in a safe and operating condition. Findings on 10/24/2018: The wall receptacle that is located above the ice-maker in the Kitchen is not secured to the wall.	C 189		