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 _ HAL039004 02/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6016 PINE TOWN ROAD PINE GARDENS ADULT CARE** OXFORD, NC 27565 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 000 Initial Comments C 000 Report of a Biennial Construction Survey by Suzanna Fay conducted on February 27, 2019. Records indicate this facility was first licensed on 01/01/1965. The facility was closed prior to September 1993 and was re-licensed on 03/29/1995. The facility is currently licensed for 31 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1958 and 1991 (1995 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home. Findings on February 27, 2019: a. The most recent fire official inspection report was dated March 16, 2017. b. There was not a copy of the most recent fire alarm inspection report available for review.

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
		HAL039004	B. WING		02/2	7/2019	
NAME OF I	PROVIDER OR SUPPLIER		1	STATE, ZIP CODE	02/2	112019	
		6016 PINE	E TOWN ROA	•			
PINE GA	RDENS ADULT CARE	OXFORD,	NC 27565				
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 160	Continued From page 1		C 160				
C 160	Outside Premises-0	Clean, Safe	C 160				
	(1) The outside gro						
	This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.						
	front porch had pull b. There are sever seats lined up along c. There are two ol near the back door. d. Back porch - the there are bits of gla built a nest inside the	gutter over the left side of the ed away from the fascia. I old chairs with cracked vinyl g the front porch for removal. Id, broken benches outside					
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND	C 164				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		HAL039004	B. WING		02/2	7/2019	
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
PINE GA	RDENS ADULT CARE		TOWN ROANCE TOWN ROANCE 27565	AD			
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C 164	Continued From pa	ge 2	C 164				
	facilities.						
	This Rule is not met as evidenced by: 1. Observations revealed that the walls and furnishings were not kept in good repair.						
		door hardware is loose. veneer is damaged on the					
	2. Observations renot kept in good rep	vealed that the ceilings were pair.					
		ry 27, 2019: h - a section of the ceiling d separating from the ceiling.					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND					
	This Rule is not me 1. Observations re maintained free of h	vealed that the facility was not					
	Findings on Februa a. Ladies Shower F toilet was not secur	Room - the handrail at the					

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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	
			B WING		00/0	- /2242
		HAL039004	B. WING		02/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PINE GA	RDENS ADULT CARE		TOWN ROA NC 27565	AD		
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C 166	Continued From pa	ge 3	C 166			
	b. Corridor - the ha and A-17 was loose c. B-33, Men's Bati was loose. d. Corridor - one of the handrail bracke rendering the handral e. B-28, Men's Bati	andrail between Room A-15 e. h - the handrail at the toilet f the screws was missing at t outside of Linen Room B-21				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, ambing equipment in an adult amaintained in a safe and				
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could e to spread beyond the area				
	between the electric b. There is a hole a Hall exit. c. There are two sr	ary 27, 2019: there is a gap in the wall cal panel and wall finish. at the exit light at the Women's mall nail holes above the tside of the Med Room.				

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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	
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			DRESS, CITY, S	STATE, ZIP CODE		
PINE GA	RDENS ADULT CARE		TOWN ROA	AD		
T INC OA	NDENO ADOLI GANE	OXFORD,	NC 27565			
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C 189	Continued From pa	ge 4	C 189			
	d. Attic above Men's Hall - there are three unsealed cable penetrations at the smoke barrier wall.					
	maintain the facility safe condition. In or smoke resident roo	vation there is a failure to is fire safety equipment in a order to resist the passage of m doors must not have gaps and the door frame stops.				
	between the door a the door. b. B-23 - there is a	ry 27, 2019: 1/2" gap at the top of the door nd frame at the latch side of 1/4" gap at the top of the door nd frame at the latch side of				
		vealed that the mechanical maintained in operating				
	Findings on Februa a. Kitchen - the gre exhaust had a thick	ase filters on the kitchen hood				
		vealed that the building was safe and operating condition.				
	portion of the floor. efflorescence growt Standing water has	ry 27, 2019: ad standing water over a good The walls had white th at all walls below grade. severely damaged the door e two water heaters.				

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