

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on April 4, 2019. Records indicate this facility was first licensed on or about 5-26-1989. Subsequent additions occurred in 1990, 1993, 1995, and 1999, bringing the total capacity of the facility to 88 beds. Based on this information, we are requiring the facility to meet the 1987 (Original Construction and 1st and 2nd additions), 1994 (3rd addition), and 1996 (4th addition) Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; the 1978 (Original Construction and 1st addition), 1991 (2nd and 3rd additions), and 1996 (4th addition) Editions of the North Carolina State Building Code for Institutional Occupancy, Section 409.1(c) Institutional, Unrestrained. The entire facility was sprinkled during under the 1996 North Carolina State Building Code. Deficiencies were cited that require a Plan of Correction.	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	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: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 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. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensin or alteration by not having all the required components of a properly operating "Special Locking System" on all exits that prevent free egress. This could affect all persons if they cannot egress quickly through these exits during an emergency. Findings on April 4, 2019: a. Corridors 4 & 5 Exits - when the fire alarm system was activated, the "Special Locking System" did not release the locked doors b. Corridors 4 & 5 Exits - the central emergency release switches, did not release the locked doors.	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;	C 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 132	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all Bathrooms and Shower Rooms are designed to ensure that each shower has a curtain. Findings on April 4, 2019: a. Bathroom near RCC Office - there is no curtain for the tub/shower. b. Corridor 5 Bathroom near Maintenance Office - there is no curtain for the tub/shower.	C 132		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having handrails in the corridor. This deficiency affects all residents, staff and visitors who need to use a handrail to provide increasing safety, stability/balance, and maneuverability. Findings on April 4, 2019: a. Corridor 4 Old Dayroom - the door to this room was removed and the opening close up with gypsum wallboard. This leaves a gap between the handrails of about seven feet.	C 148		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT	C 154		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 154	Continued From page 3 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on April 4, 2019: a. Time Clock Room - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. b. Corridor 3 Dayroom - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 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, the building Ceilings are not kept clean and in good repair. Findings on April 4, 2019: a. Bathroom near RCC Office - the textured ceiling is flaking off around the HVAC supply. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on April 4, 2019: a. Shower Room near RCC Office - the ventilation system with their radiation damper have an excessive accumulation of dust/lint. b. Bedroom 12 - the ventilation system with their radiation damper have an excessive accumulation of dust/lint. Deficiency corrected before Construction Surveyors departed site. 3. Based on observation, the building walls are not kept clean and in good repair. Findings on April 4, 2019: a. Bathroom near Activities Directors Office - there appears to be feces on the wall between the sink and corridor door.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 166	<p>Continued From page 5</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building Plumbing fixtures are not free of all obstructions and hazards.</p> <p>Findings on April 4, 2019:</p> <p>a. Shower Room near RCC Office - the commode is very loose.</p> <p>2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile.</p> <p>Findings on April 4, 2019:</p> <p>a. Corridor 2 Med Room - 2 portable medical oxygen cylinders are standing up on the floor in a beverage crate not physically secured in either a rack, stands or chained to the structure.</p> <p>b. Corridor 3 Bedroom 23 - 2 portable medical oxygen cylinders are standing up on the floor not physically secured in either a rack, stands or chained to the structure.</p> <p>c. Corridor 3 Bedroom 13- 2 portable medical oxygen cylinders are standing up on the floor not physically secured in either a rack, stands or chained to the structure.</p> <p>d. Corridor 4 Bedroom 31 - 3 portable medical oxygen cylinders are standing up on the floor not physically secured in either a rack, stands or chained to the structure.</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 166	Continued From page 6 e. Corridor 4 Bedroom 31 - 8 portable medical oxygen cylinders are standing up on the floor in a plastic beverage crate not physically secured in racks, stands or chained to the structure.. f. Corridor 4 Med Room - 1 portable medical oxygen cylinders are standing up on the floor not physically secured in either a rack, stands or chained to the structure.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on April 4, 2019: a. Riser Room - the portable fire extinguisher is sitting on the floor, not mounted as required by NFPA 10.	C 183		
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,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	<p>Continued From page 7</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, interview of Agemart Maintenance Personal and Executive Director the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on April 4, 2019:</p> <p>a. Nurse Station - the fire alarm panel is showing a trouble signal. The trouble is thought to be associated with the communication of the signal to the monitoring company. This trouble signal has been around for 4 years.</p> <p>b. Corridor 2 Hot Water Room near Linen Room,- the fire alarm system's heat detector and associated box is dangling from the ceiling by its power/operational wires.</p> <p>c. Corridor 2 Hot Water Room near Shower Room,- the heat collector on the heat detector is bent, which could affect the proper operation of the detector,</p> <p>2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on April 4, 2019:</p> <p>a. Corridor 2 across from Nurse Station - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	<p>Continued From page 8</p> <p>b. Front Dining Room - both wall-mounted self-contained emergency lights do not illuminate on backup power when the tests buttons are pushed.</p> <p>c. Corridor 5 near Maintenance Office - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not automatically close completely to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 4, 2019:</p> <p>a. Smoke Barrier near Bedroom 36 - the right leaf had its closure arm disengaged.</p> <p>b. Smoke Barrier near Bedroom 36 - the left leaf did not close and latch.</p> <p>4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on April 4, 2019:</p> <p>a. RCC Office - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Time Clock Room - there is a hole at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. Visitors Bathroom - the exhaust fan has dropped down from the ceiling, creating a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Riser Room - there are gaps around a cable</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	<p>Continued From page 9</p> <p>bundle not firestopped as it's penetrate the fire-resistance-rated ceiling assembly.</p> <p>e. Front Dining Room - there is a ¾ inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>f. Kitchen short Hall between Janitor and Bathroom - there are 3 holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>g. Corridor 4 Storage near Bedroom 31 - the exhaust fan has dropped down from the ceiling, creating a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>h. Corridor 4 Bedroom 33 - there is a hole at the light not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>i. Corridor 4 Bathroom near Activity Directors Office - the ventilation system with their radiation damper have an excessive accumulation of dust/lint.</p> <p>j. Corridor 4 Bathroom near Activity Directors Office - the exhaust fan has dropped down from the ceiling, creating a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. Corridor 5 near Maintenance Office - there is a gap around a junction not sealed as it penetrates the smoke -resistance wall.</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on April 4, 2019:</p> <p>a. Many Bedrooms - at each bed there is a wall mounted light fixture that uses a medium or standard base light socket. Many instances there are no bulbs in the sockets to provide lighting and guarded against accidental contacting of the energized components in the base.</p> <p>b. Corridor 5 Housekeeping Break Room Closet</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	<p>Continued From page 10</p> <p>- energized wires with electrical tape were hanging down from an open junction box.</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on April 4, 2019: a. Corridor 2 Smoke Barrier Wall near Nurse Station - the back leaf of the panic hardware is missing its end cover.</p> <p>7. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on April 4, 2019: a. Time Clock Room Closet- items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. Corridor 4 Storage across from Laundry- items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. Deficiency corrected before Construction Surveyors departed site</p> <p>8. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on April 4, 2019:</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	<p>Continued From page 11</p> <p>a. Corridor 1 Laundry - the fire sprinkler head is debris-loaded with lint.</p> <p>b. Executive Director Office - the fire sprinkler head is debris-loaded with lint.</p> <p>9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin.</p> <p>Findings on April 4, 2019:</p> <p>a. Time Clock Room - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>b. Executive Director Office Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>c. Riser Room - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>d. Front Porch - two escutcheon plates on the fire sprinkler system do not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>e. Kitchen short Hall between Janitor and Bathroom - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>f. Kitchen Large Refrigerator - the escutcheon plate on the fire sprinkler system did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>g. Corridor 4 Public Bathrooms - the escutcheon plate on the fire sprinkler system did not cover the complete hole through the fire-resistance-rated</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 12 ceiling that allows the spread of smoke and heat. h. Corridor 4 Bedroom 33 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 10. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on April 4, 2019: a. Corridor 3 Day Room - the corridor door has a chair holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 199	<p>Continued From page 13</p> <p>ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on April 4, 2019:</p> <ul style="list-style-type: none"> a. Bedroom 7 Bathroom - the required exhaust ventilation system did not work. b. Corridor 1 Hopper Room - the required exhaust ventilation system did not work. c. Corridor 3 Shower Room near Bedroom 21- the required exhaust ventilation system did not work. d. Corridor 4 Public Bathroom 1 the required exhaust ventilation system did not work. e. Corridor 4 Storage near Bedroom 31 - the required exhaust ventilation system did not work. f. Corridor 5 Shower Room near Bedroom 37 - the required exhaust ventilation system did not work. g. Corridor 5 Bathroom near Bedroom 37 - the required exhaust ventilation system did not work. h. Corridor 5 Toilet Room near Bedroom 42 - the required exhaust ventilation system did not work. <p>2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 4, 2019:</p> <ul style="list-style-type: none"> a. Corridor 4 Housekeeping/Storage - there is no ventilation system and odor is present. In addition, there is no window. 	C 199		