

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
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NAME OF PROVIDER OR SUPPLIER PINE GARDENS ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6016 PINE TOWN ROAD OXFORD, NC 27565
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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
{C 000}	<p>Initial Comments</p> <p>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 16, 2019.</p> <p>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.</p>	{C 000}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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: 4. Observations revealed that the building was not maintained in a safe and operating condition.</p> <p>Findings on May 16, 2019: a. The basement gets standing water over a good portion of the floor. The walls had white efflorescence growth at all walls below grade. Standing water has severely damaged the door and walls around the two water heaters. Interview with staff revealed that they had obtained two quotes to make repairs to keep water from getting into the basement, but had not yet started repairs.</p>	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____