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Pine Gardens Health Care

From: Alver Harris

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DHHS-Construction

To: Suzanne Jay

PRINTED: 05/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039004	A. BUILDING: 01	(X3) DATE SURVEY COMPLETED R 05/16/2019
NAME OF PROVIDER OR SUPPLIER PINE GARDENS ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6016 PINE TOWN ROAD OXFORD, NC 27565	

(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION:	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFYING INFORMATION):	ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
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[C 000] Initial Comments	<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> <p>(C 189) Building Equipment Maintained Safe, Operating</p> <p>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.</p>	<p>[C 000]</p> <p>Steps to correction:</p> <p>1) All downspouts on outside of building, will be re-directed away from building. All floors and walls sealed with water repelling epoxy.</p> <p>2) Sunk pump installed if necessary, after initial step.</p> <p>3)</p>
[C 189] Building Equipment Maintained Safe, Operating	<p>Findings on May 16, 2019:</p> <p>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> <p>4. Observations revealed that the building was not maintained in a safe and operating condition.</p>	<p>This Rule is not met as evidenced by:</p>

LABORATORY DIRECTOR'S OR PROVIDER'S REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
<i>[Signature]</i>	Supervisor - <i>[Signature]</i>	6/5/2019

If continuation sheet 1 of 1