

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2019
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NAME OF PROVIDER OR SUPPLIER CROMARTIE SPRING VILLAGE REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 508 WORTH STREET SAINT PAULS, NC 28384
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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>Construction Section Biennial Survey report by Frank Strickland conducted on 10/04/2019:</p> <p>This facility was licensed on 01/01/1997 and is currently licensed for eleven Beds. Therefore, this facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code, Group R.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has not been maintained in a clean and safe conditon.</p> <p>Findings on 10/04/2019: The front set of steps has settled at the Entry Porch and has developed into a trip hazard.</p> <p>2-Based on observation, this facility has not been maintained in a clean and safe conditon.</p> <p>Findings on 10/04/2019:</p>	C 160		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 160	Continued From page 1 The soffits and fascia wood boards are in disrepair.	C 160		
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:</p> <p>1-Based on observation, this facility has not been maintained in a safe and operating conditon.</p> <p>Findings on 10/04/2019: The emergency light did not illuminated when tested located outside Room 4.</p> <p>2-Based on observation, this facility has not been maintained in a safe and operating conditon.</p> <p>Findings on 10/04/2019: The toilet is not secured to the floor for Room 1.</p>	C 189		