STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143 NAME OF PROVIDER OR SUPPLIER STREET ADD		(X2) MULTIPLE A. BUILDING: 0			(X3) DATE SURVEY COMPLETED	
		B. WING		01/	15/2020	
		DDRESS, CITY, ST	TATE, ZIP CODE			
EBULO	N HOUSE	551 PON ZEBULO	Y ROAD N, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Survey nducted on January 15, 2020.				
	as a Home for the A serving 60 resident. Therefore, this facil 1996 and applicable for the Licensing of 1996 w/ 1999 Revis State Building Code Occupancy.	t licensed on March 25, 1999 Aged. The facility is currently s with a 31 Bed SCU. ity is required to meet the e portions of the 2005 Rules Adult Care Homes and the sion of the North Carolina e(s) for I-2 Institutional				
	Deficiencies have b Correction is require	een cited and a Plan of ed.				
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 c	06 HOUSEKEEPING AND	C 164			
	kept in good repair. Findings on Januar a. SCU Living Roo	vealed that the walls were not y 15, 2020: m - the far door has a light . the magnet is pulling the				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED	
	HAL092143		B. WING		01/	15/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
EBULO	N HOUSE		NY ROAD DN, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	age 1	C 164			
	2. Observations re not kept clean.	vealed that the ceilings were				
		y 15, 2020: diation dampers in the eavy accumulations of dust				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	1. Observations re maintained free of	et as evidenced by: vealed that the facility was not hazards. Loose or detached use a fall or injury if the rail sed.	t			
		y 15, 2020: y Bath - the hand grip by the of the wall. The screws are				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092143	B. WING		01/	15/2020
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EBULO	N HOUSE		IY ROAD N, NC 27597			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 185	Continued From pa	ge 2	C 185			
	Enforcement Officia (c) Records of rehe and copies furnishe social services anni include the date and shift, staff members description of what (f) This Rule shall a facilities. This Rule is not me 1. Review of record not conducting fire quarter. Findings on Januar a. There was not a conducted on the fin 2019. b. There was not a conducted on the se quarter of 2019. c. There was not a	earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing et as evidenced by: ds revealed that the facility is rehearsals on each shift every	,			
C 189	2019. 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 d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		2gulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			X3) DATE SURVEY COMPLETED	
		HAL092143	B. WING		01/	15/2020	
IAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE			
EBULO	N HOUSE	551 PON ZEBULO	N, NC 27597				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From pa	ge 3	C 189				
	maintain the fire sa operating condition that do not release endanger the lives	et as evidenced by: vealed that the facility did not fety equipment in a safe and . Doors with magnetic locks on the manual override may of the residents, staff and do not release during a fire or					
		y 15, 2020: e magnetic lock did not anual override switch was					
	maintain the buildin a safe operating co device used to keep impediment to quic occupants in the fac cannot be closed as	vation there is a failure to gs's fire safety components in ndition. Any unapproved o a door open is an kly closing the door. The cility could be effected if doors s required so as to limit the nd/or fire to the area of origin.					
		per's Office - the door was held ed device. The wedge was					
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of					
		y 15, 2020: e flanges on two of the riser I down leaving the gaps					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING		01/	01/15/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ZEBULO	N HOUSE	551 PON ZEBULO	Y ROAD N, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	ge 4	C 189			
	 has pulled some of b. There is a 1 1/2' fire wall for a cable the cross corridor d room. 4. Based on observent and the facility safe operating condition compartment could doors do not comple limit the spread of sorigin. Findings on Januar 	 Apposed. One of the flanges the ceiling finish loose. diameter hole cut through the bundle above the ceiling at oors outside of the living vation there is a failure to is fire safety equipment in a lition. Occupants in the smoke be exposed to smoke or fire it etely close and latch to help smoke or fire to the area of y 15, 2020: door does not latch when 				
	closed.					
C 199	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping o (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed , with natural ventilation in ces: rage; toilet rooms;	C 199			

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		HAL092143	B. WING		01/	15/2020
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST IY ROAD	TATE, ZIP CODE		
EBULO	N HOUSE		N, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From pa	ge 5	C 199			
	This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide working exhaust ventilation in required spaces.					
	not working. b. Kitchen Bathroo working. c. Janitor's Closet not working. d. Staff Bathroom	y 15, 2020: Closet - the exhaust fan is m - the exhaust fan is not in Laundry - the exhaust fan is - the exhaust fan is not	3			
	working. e. 300 Hall - the ex bathrooms are not	haust fans in the resident working.				

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