AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		COMPLETED		
		HAL007025	B. WING		03/2	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE	· <u> </u>	
NAIVIL OI	FROVIDER OR SUFFEIER	143 SWAI		STATE, ZIF CODE		
PANTEG	O REST HOME		), NC 27860			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Suzanna Fay condu Records indicate th June 1, 1973. The f 30 Beds. Therefore conformance with th 2005 Rules for Lice Seven or More Bed the 1967 Edition of Code(s), Institutiona Rules for Licensing Seven or More Bed licensure.	I Construction Survey by ucted on March 26, 2024.  is facility was first licensed on facility is currently licensed for the facility was surveyed for the applicable portions of the nsing of Adult Care Homes of s and applicable portions of the North Carolina Building al Occupancy and the 1971 of Adult Care Homes of s in effect at the time of initial ited that will require a plan of				
C 160	(1) The outside gro	PHYSICAL PLANT 05 PHYSICAL ints for outside premises are: bunds of new and existing aintained in a clean and safe	C 160			
	Observations regrounds were not modified.  Findings on March a. A 30" section of front side of the factown.	vealed that the outside naintained in a clean and safe				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
	HAL007025		B. WING		03/26/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
PANTEG	O REST HOME	143 SWAI PANTEGO	MP ROAD ), NC 27860					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
C 160	Continued From pa	ge 1	C 160					
	front entry has deteriorated and is no longer attached. b. Enclosed Porch - the left front window glass is broken. c. There is a pattern of torn or damaged window screens around the facility. There is a heavy accumulation of debris and spider webs between the screens and the windows. d. Room 14 - one of the exterior windows is broken. e. Grounds left of facility - there is a pile of boards and broken concrete. Some of the boards have nails protruding. There are multiple holes and ruts that are creating trip hazards. There is ongoing work with the drainage system that has left holes full of water and piles of dirt around this side of the building.							
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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. Observations revealed that the furniture and furnishings were not kept in good repair.  Findings on March 26, 2024: a. Shower Room - the shower curtain at the stall nearest the door is torn.		C 164					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATI			SURVEY	
AND PLAN	OF CORRECTION	` IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		HAL007025	B. WING		03/2	6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PANTEG	O REST HOME	143 SWAN	_			
.,			), NC 27860			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2	C 164			
	b. Room 6 - one of the drawers in the chest of drawers is missing and one of the drawer knobs is off. c. Room 9 - there is a 3" hole in the closet door.  2. Observations revealed that the walls and ceilings were not kept in good repair.  Findings on March 26, 2024: a. Room 13 - there is a crack in the ceiling where an old patch is opening up. There is a 24" diameter area near the closets that has a yellow water stain and the finish within the stain is bubbling and flaking. b. There is a 6" x 12" hole knocked into the corridor wall outside of the kitchen door. The paint finish on the wall across from the hole is chipping and flaking off. c. Kitchen - the wall by the handwashing sink is flaking and peeling. d. Kitchen - there is an accumulation of grease and dirt on the HVAC grille in front of the hood.					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
		et as evidenced by: vation the facility was not m hazards. Oxygen bottles				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE COMP	SURVEY LETED
	1141 007025		B. WING			
NAME OF I		HAL007025	I.		03/2	6/2024
	PROVIDER OR SUPPLIER	143 SWAN		STATE, ZIP CODE		
PANTEG	O REST HOME	PANTEGO	), NC 27860			
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C 166	Continued From pa	ge 3	C 166			
	were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.					
	Findings on March 26, 2024: a. Oxygen Supply Room - there are three oxygen bottles sitting unsecured on the floor and there are three bottles unsecured in a shallow plastic crate.					
C 175	Bedroom Furnishin	gs-Clean Towel, Towel Bar	C 175			
	FURNISHINGS (b) Each bedroom s furnishings in good resident: (7) individual clean bar in the bedroom	PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing				
	bedrooms had the i	vealed that not all of the minimum furnishings for each udes a towel bar in the				
	Findings on March a. Room 6 - there were sident in the room	was not a towel bar for each				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL007025	B. WING		03/	26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
PANTEG	O REST HOME		MP ROAD O, NC 27860			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 189	(a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app  This Rule is not meating the shall not app  This Rule is not app  This Rule is not meating the shall not app  This Rule is	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.  et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations at rated ceilings could allow pread beyond the area of  26, 2024:  - one of the grille vents is not up in the fire resistant rated cover in the right back corner g a gap in the fire resistant  an unsealed cable bundle in the room.  ealed cable penetration in the gency light outside of Room 1. In the labove the water heater e perimeter and the water sealed where they penetrate is small holes in the ceiling in the ECO Smart panel.  vation there is a failure to	C 189			
		's fire safety equipment in a dition. Occupants in the smoke				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED		
	HAL007025		B. WING		03/2	6/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
		143 SWAN		<b>_,</b>			
PANTEG	O REST HOME		), NC 27860				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
C 189	Continued From pa	ge 5	C 189				
		be exposed to smoke or fire if					
		etely close and latch to help					
	•	smoke or fire to the area of					
	origin.						
	Findings on March	26. 2024:					
		ch plate is missing and the					
	door does not close	e and latch.					
		ttom hinge is loose and the					
	door is dragging he						
		oor is dragging heavily on the					
	floor requiring excessive force to open.						
	3. Observations re	vealed that the plumbing					
		maintained in a safe and					
	operating condition						
	Findings on March	26, 2024: r is coming in under the					
		wall and ponding in the middle					
	of the room.	wan and penang in the image					
		right sink is not secure to the					
	wall.						
		ont panel of the utility sink is					
	cracked and most o	of the plastic has broken off.					
	4 Based on observ	vation there is a failure to					
		ing, plumbing devices and					
		e manner or in operating					
		maintain or install piping,					
		nd equipment in a safe					
		ting condition could affect					
	occupants of the facility if the plumbing system						
		s required. Water heater es are required to be piped					
		naterial from the valve to within					
	6" of the grade belo						
	g						
	Findings on March						
	a. Exterior Water F	leater - the pressure relief					

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, , , , , , , , , , , , , , , , , , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
	HAL007025		B. WING		03/26/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
PANTEGO REST HOME 143 SWAM PANTEGO		MP ROAD ), NC 27860						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE		
C 189	from the grade belob. Laundry Room relief valve has not  5. Observations relief valve has not  5. Observations relief valve has not moperating condition.  Findings on March a. There are two discurred to prevent performed to the following or cap to prevent performed to the following performed to the following performed to the following on March a. Clean Linen - the detector is bent 90 b. Oxygen Supply dangling from its wifured to the following performed to the following from the following from the following performed to the following from the from the following from the from the following from the from the following from the followin	e cut off approximately 30" ow. the water heater pressure been piped.  vealed that the mechanical aintained in a safe and  26, 2024: uct openings outside of er vents. Neither has a cover ests from entering the facility.  vation the facility's fire safety aintained in operating o maintain fire safety ting condition could affect cility if the equipment did not e.  26, 2024: e bottom plate on the heat degrees. Closet - the heat detector is res. v amount of dust on the smoke the staff bathroom and there	C 189					
	Findings on March  a. Room 11 - the colored is broken.	26, 2024: over plate on the outlet by the						

b. The top of the cover plate on the outlet at the Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		<u>I</u>	STATE, ZIP CODE	1 03/2	0/2024
		143 SWAN		STATE, ZIF GODE		
PANTEG	O REST HOME		), NC 27860			
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C 189	Continued From pa	ge 7	C 189			
	security panel is bro	oken off.				
	equipment is not management operating condition.  Findings on March	26, 2024: the light lens is damaged and				
C 195	Hot Water System		C 195			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	water temperature	d testing revealed that the hot at all fixtures used by naintained between 100				
	sink was 122 degre	the water temperature at the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL007025	B. WING 03		03/2	6/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	•	
PANTEG	O REST HOME	143 SWAI				
			), NC 27860	T	IONI	0(5)
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Division of Health Service Regulation