(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL066001 06/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on June 18, 2024. This facility was first licensed as a Home for the Aged serving 24 residents on May 1, 1976. Therefore, this facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1967 North Carolina State Building Code, Group D, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required. C 107 C 107 Initial Licensure-Meet NCSBC SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as an adult care home shall meet the requirements of the North Carolina State Building Code for new construction. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building Code requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building Code, all applicable volumes, which is incorporated by reference, including all subsequent amendments may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). The facility shall also meet all of the rules of this Section.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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HAL066001					06/1	8/2024
NAME OF F	PROVIDER OR SUPPLIER	3277 HWY		STATE, ZIP CODE		
PINE FO	REST REST HOME		ND, NC 278	97		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 107	Continued From pa	ge 1	C 107			
		all be planned, constructed, tained to provide the services y.				
	This Rule is not met as evidenced by: 1. Observations revealed that the facility is undergoing renovations in the form of floors and ceilings and must meet all requirements of the North Carolina State Building Code for I-2 Institutional Occupancy. The facility shall be planned, constructed, equipped and maintained to provide services offered in the facility.					
	Findings on June 18, 2024: a. Room 18 - a wood plank ceiling was installed which does not appear to meet the required one hour roof/ceiling assembly for Institutional Occupancy. b. The facility shall maintain copies of the permits for the work being conducted to ensure the work meets the NCSBC requirements for Institutional Occupancy.					
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	not have current fire	ds revealed that the facility did e and building safety naintained in the home and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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	HAL066001		B. WING		06/18/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PINE FO	REST REST HOME	3277 HWY		0.7		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ND, NC 278	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
C 111	Continued From pa	ge 2	C 111			
	Findings on June 18, 2024: a. The most recent Fire Alarm inspection report is dated November 12, 2020.					
C 153	Exit Door Locks-Sir	ngle Hand Motion	C 153			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and					
	exit door locks are motion, from the instruction. Findings on June 1 a. The exterior door new doors have de	vealed that all not all of the easily operable by single hand side at all times without keys. 8, 2024: ors are being replaced and the adbolts installed and thumb hardware that is not operable				
C 160	Outside Premises-0	Clean, Safe	C 160			
	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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;					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		HAL066001	B. WING		06/1	8/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
PINE FO	REST REST HOME	3277 HWY WOODLAI	′ 35 ND, NC 278:	97			
(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 APPROPRIED TO THE	D BE	(X5) COMPLETE DATE	
C 160	Continued From pa	ge 3	C 160				
	This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on June 18, 2024: a. There is a section of fascia trim with water damage outside of the Dining exit at the front corner of the facade. b. A section of the exterior siding is falling off on the back right gable below the attic vent.						
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	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.						
	floors were not kep Findings on June 1	vealed that the ceilings and t in good repair. 8, 2024:					
	Findings on June 18, 2024: a. Dining - there are multiple cracks in the sheetrock finish and several places where the finishing tape is peeling away. b. Room 4 - the ceiling is bowing due to the ceiling tiles detaching. c. Housekeeping 7 - the floor at the washing machine is torn and the floor is curling at the threshold.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
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C 164	Continued From pa	ge 4	C 164			
C 188	not kept in good rep Findings on June 1s a. The handrail out and could cause inj because the rail did b. The handrail out and could cause inj because the rail did Electrical Outlets in	8, 2024: side of Room 17 is not secure ury if a resident slipped or fell I not support their weight. side of Room 10 is not secure ury if a resident slipped or fell I not support their weight. Wet Locations	C 188			
	All adult care home locations at sinks, b	PHYSICAL PLANT 10 ELECTRICAL OUTLETS electrical outlets in wet eathrooms and outside of ground fault interrupters.				
	in wet locations at s of building have fun interrupters. This is	vation not all electrical outlets sinks, bathrooms and outside actioning ground fault a potential shock hazard if ater sources do not function to				
	Findings on June 1s a. There are multip are painted and are	le outlets in the Kitchen that				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
PINE FO	REST REST HOME	3277 HWY WOODLA	′ 35 ND, NC 278	97			
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
C 189	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app	umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities.	C 189				
	and operating cond Findings on June 1 a. Interview with st issues with the was	8, 2024: aff revealed that they have te holding tank. There were e of the tank and there was a					
	maintain the facility safe operating cond compartment could doors do not compl	vation there is a failure to 's fire safety equipment in a lition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of					
	of the door that pre	8, 2024: is a door hanger over the top vents the door from closing. oor does not latch when					
	has not been inspe- maintained in a safe Occupants of the fa safety equipment in	vation fire safety equipment cted to assure it has been e and operable condition. It is a street to be affected if fire the smoke compartment did eeded to provide fire					

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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/1	0/2024
		3277 HWY				
PINE FO	REST REST HOME	WOODLAI	ND, NC 278	97		
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C 189	Continued From pa	ge 6	C 189			
	monthly in-house in extinguishers. 4. Observations re equipment was not operating condition Findings on June 1	t conducting and recording the spections on the fire vealed that the electrical maintained in a safe and				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app This Rule is not me 1. Observations re	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; closets; and apply to new and existing reption of Paragraph (e) ly to existing facilities.				
	Lack of ventilation a	entilation in specified spaces. Allows for the build up humidity lew and slick areas and				

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		HAL066001	B. WING		06/	18/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PINE FO	REST REST HOME	3277 HW WOODLA	Y 35 ND, NC 278	97		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 199	Continued From pa	ge 7	C 199			
	prevents the dissipa	ation of odors.				
	Findings on June 18, 2024: a. Housekeeping 7 - the exhaust fan is not working, the grille is missing and the motor has a coating of dust.					

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