

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL021009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER EDENTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 323 MEDICAL ARTS DRIVE EDENTON, NC 27932		
(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	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 13, 2025. This facility was licensed on June 28, 2007 as a Home for the Aged (HA) housing sixty beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 2002 Edition of the North Carolina Building Code(s), Section 407-Group I-2. Deficiencies have been cited and a Plan of Correction is required.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth. In the statement of deficiencies; the plan of correction is prepared solely as a matter of compliance with State Law. It is the policy of The Edenton House to maintain the physical plant and all requirements therein, Section .300 - Physical Plant 10A NCAC	
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that scatter or throw rugs were in use. These can affect residents if they were to injure themselves from tripping or falling over the rug. Findings on February 13, 2025: a. Room 214 - there were two loose scatter rugs on the floor of the room. The rugs were removed at the time of survey.	C 155	C 155 1.a. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. C 155 1.a. Rm 214 the throw rugs were removed and the deficiency have been ordered.	2/13/25 2/13/25

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

TITLE

(X6) DATE

Randy Griffin
6899

Executive Director 3/14/2025

STATE FORM

W0PN21

If continuation sheet 1 of 9

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C 164	Continued From page 1	C 164	C 164	2/13/25
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 was not in good repair. Findings on February 13, 2025: a. Room 110 shared living - the veneer on the base cabinet of the sink is peeling off. b. There is a general pattern of the wardrobe units with broken drawers and the veneer peeling off. 2. Observations revealed that the ceilings and floors were not kept clean and in good repair. Findings on February 13, 2025: a. Room 110 Bath - there is an accumulation of dust on the exhaust fan grille. b. Serenity Spa - there is an accumulation of dust on the exhaust fan grille. c. Suite 207/209 Bathroom - the floor of the shower is dirty, stained and discolored. d. Private Dining - one of the floor planks is buckled near the corridor wall.	C 164	Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 1.a. Room 110 in a shared suite the veneer on the base of the cabinet of the sink has been repaired. 1.b. The general pattern of the wardrobes units are been replaced. 2.a. Room 110 Bath the exhaust fan grille has been cleaned from dust. 2.b. The Serenity Spa exhaust fan grille has been cleaned from dust. 2.c. Suite 207/209 Bathrooms the floor of the shower has been cleaned from any debri. 2.d. The Privare Dining room the floor plank has been repaired from buckling.	2/13/25 2/13/25 2/13/25 2/13/25 2/13/25 2/13/25

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C 166	Continued From page 2	C 166	C166	
C 166	Housekeeping-Maintained Free of Hazards 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. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on February 13, 2025: a. Outside Electrical Room - there is furniture and boxes blocking access to the electrical panel. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles 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 February 13, 2025: a. Med Room - there are five oxygen bottles stored in a shallow plastic beverage container without any means of restraint to prevent them from tipping over.	C 166	1. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered and repaired. 1.a. The outside electrical room is free from debris, furniture and boxes access is provided to reach the electrical panel. 2. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 2.a. All oxygen bottles in the Med room were properly secured in a designated oxygen tank holder with means of restraint.	2/13/25 2/13/25 2/13/25 2/13/25

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C 185	Continued From page 3	C 185	C185	
C 185	Fire Safety-Rehearsals on Each Shift	C 185	1.a. Education was completed with the Maintenance Manager and staff on properly using the short description to describe the rehearsal on the Fire Rehearsal Logs on the first quarter of 2024.	2/13/25
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting fire rehearsals quarterly on each shift and did not provide a description of what the rehearsal involved. Findings on February 13, 2025: a. There was not a record of fire rehearsals conducted on the first quarter of 2024. b. There was not a record of a fire rehearsal conducted on the second shift of the second quarter of 2024. c. There was not a record of a fire rehearsal conducted on the first or second shift of the third quarter of 2024. d. There was not a record of a fire rehearsal conducted on the second or third shift of the fourth quarter of 2024. e. The fire rehearsal logs did not include a short description of what the rehearsal involved.		1.b. Education was completed with the Maintenance Manager and staff on properly using the short description to describe the rehearsal on the Fire Rehearsal Logs on the second shift of the second quarter of 2024.	2/13/25
			1.c. Education was completed with the manager and staff on properly using the short description to describe the rehearsal on the first or second shift of the third quarter of the 2024.	2/13/25
			1.d. Education was completed with the Maintenance Manager and staff on properly using the short description to describe the rehearsal on the second or third shift of the fourth quarter of 2024.	2/13/25
			1e. Education was completed with the Maintenance manager and staff on properly using the short description to describe the rehearsal of what the rehearsal involved.	2/13/25

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C 189	Continued From page 4	C 189	C189	
C 189	Building Equipment Maintained Safe, Operating	C 189	Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered.	2/17/25
	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.		1.a. Rm 102 escutcheon ring was repositioned and corrected at the time of survey.	2/17/25
	This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.		1.b. The pattern of unsealed cable with penetration for the Wifi boxes repaired and sealed properly.	2/17/25
	Findings on February 13, 2025: a. Room 102 - the escutcheon ring on the front sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. b. There is a pattern of unsealed cable penetrations for the MiFi boxes. c. Outside Electrical Room - one of the cable bundle penetrations is not completely sealed around the cable penetration. d. Room 314 - the escutcheon ring in the back of the room has dropped leaving a gap in the fire resistant rated ceiling. e. Executive Director's Office - the front sprinkler head is missing its escutcheon ring.		1.c. The outside electrical room cable bundle is completely sealed around the cable penetration.	2/17/25
			1.d. Rm 314 the escutcheon in the back of the room has been repositioned and fasten without a gap in the fire resistant rated ceiling.	2/17/25
			1.e. The Executive Director's Office the front sprinkler head is repaired and in position to its escutcheon ring.	
			C189 cont.	
			2. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered.	3/10/25
			2.a. The emergency light outside Rm 106 is properly functioning and will illuminate to test.	3/10/25
			2.b. The Private dining room the emergency light has been replaced and illuminating to test.	3/10/25
			3. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered.	3/10/25
	2. Based on observation the facility did not maintain electrical emergency/safety lighting			

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C 189	Continued From page 5 equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on February 13, 2025: a. The emergency light outside of Room 106 did not illuminate on test. b. Private Dining - the emergency light did not illuminate on test. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 13, 2025: a. Kitchen - the cover for the exit sign over the exterior door is off. b. The exit sign/emergency light at the cross corridor doors by Room 303 did not illuminate on test. 4. Observations revealed that the building is not maintained in a safe and operating condition. Broken and damaged door hardware can affect residents, staff and guest if they cannot enter the building safely. Findings on February 13, 2025: a. 100 Hall - the door handle on the exterior side of the end door is broken off preventing access back into the building from that location. 5. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to	C 189	C189 cont. 3.a. The cover to the kitchen exit sign over the exterior door is on and operable. 3.b. The exit sign/emergency light at the cross corridor doors by Room 303 illuminates to test and operable. 4. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 4.a. 100 Hall the door handle on the exterior side of the end door the part has been ordered and will arrive 3/15/25 5. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 5.a. Room 101 the smoke detector that was dangling has been repaired and working properly. 5.b. Room 306 the smoke detector has been placed on its base and operable. 6. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 6.a. The Kitchen dining room door is been worked on. 7. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 7.a. The Kitchen base of the freezer and cooler units is been repaired from corrosion. The ice that has accumulated on the floor will be removed and replaced. 8. Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 8.a. The Outside of the Service Hall exit the gaps were sealed around the penetration for the air conditioning unit.	3/10/25 3/10/25 3/10/25 2/13/25 2/13/25 3/17/25 3/25/25 2/13/25

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STATE FORM

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C 189	<p>Continued From page 7</p> <p>9. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire.</p> <p>Findings on February 13, 2025: a. Activity Porch - the sprinkler heads and their escutcheons are corroded.</p> <p>10. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.</p> <p>Findings on February 13, 2025: a. Med Room - the data outlet cover plate over the sink is broken.</p> <p>11. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on February 13, 2025: a. The cross corridor doors at Room 304 did not consistently latch when released by the fire alarm. b. 100 Hall cross corridor doors - the left hand door latch is not fully engaging and the doors are hard to open after closing from activation of the fire alarm which can hinder emergency egress from the building.</p>	C 189		
C 199	Exhaust Ventilation	C 199		

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C 199	<p>Continued From page 8</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.</p> <p>Findings on February 13, 2025:</p> <p>a. The Resident Bathroom fans were not working.</p>	C 199	<p>C199</p> <p>Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered.</p> <p>1.a. The Resident Bathrooms fans are now working properly. The motor to the exhaust fan on 300 hall has been replaced and working properly.</p>	2/27/25