

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARDINAL CARE OF DUNN

**217 JONESBORO ROAD
DUNN, NC 28334**

(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 5, 2025. This facility was licensed on February 2, 1988 as two twelve-bed facilities. In 2003 a new twelve bed addition was added onto the facility which joined the three facilities for a total of thirty-six beds under one license. Based on this information, we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 2002 Edition of the North Carolina State Building Code-Institutional Occupancy I-2. (Currently a 36 BED SCU) Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Cedric Brundidge

Administrator

3/25/25

STATE FORM

6899

78MB21

If continuation sheet 1 of 13

If continuation sheet 2 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 116	Continued From page 2 SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent	C 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 116	Continued From page 3 complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation and interview, it was revealed that construction or remodeling occurred and plans were not submitted to the Division of Health Service Regulation for approval. Findings on February 5, 2025: a. The fire alarm panel was replaced within the last year and plans were not submitted to DHSR Construction for review and approval. b. It was noted on the sprinkler inspection that the tamper switch on the control valve initiates a full alarm instead of a supervisory signal.	C 116	Plans will be submitted by Owner of facility Corrected by Security System Company	5/1/25 5/1/25
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the	C 154		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 154	Continued From page 4 facility did not equip each exit with a sounding device on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on February 5, 2025: a. Interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer. The front door does not have sounding devices on the door that is activated when the door is opened.	C 154	extra door alarms will be added by maintenance	4/1/25
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; 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 February 5, 2025: a. Men's Hall Laundry - one of the window panes is broken. b. Men's Hall - the top section of exterior siding over the door at the exit by Room A-10 is falling off.	C 160	Window will be replaced glass doctor in Dunn. will be fixed by facility maintenance	5/1/24 5/1/24
C 161	Outside Premises-Fence SECTION .0300 - PHYSICAL PLANT	C 161		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 161	Continued From page 5 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and This Rule is not met as evidenced by: 1. Observations revealed that the fence around the premises was not maintained to be free of hazards. Findings on February 5, 2025: a. The gate on the fenced in area outside of the Kitchen is damaged and does not open more than 45 degrees.	C 161	Will be fixed by facility maintenance. 5/1/25	
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways were not illuminated. Residents and staff cannot safely and quickly evacuate after dark if the facility if the exit paths are not illuminated. Findings on February 5, 2025: a. Exit at the end of the Women's Hall - the porch light is out.	C 162		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 166	Continued From page 6	C 166		
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 and interview, it was revealed that the facility was not maintained in a safe manner, free of all hazards. The deep fryer should be separated from a gas range by a minimum of 16 inches or a non-combustible baffle at least 8 inches high when placed next to each other Findings on February 5, 2025: a. Kitchen - the fryer was approximately four inches from the open burners of the stove. Staff revealed that the baffle had been removed and needed to be reinstalled. 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 5, 2025: a. Med Room - there are seven oxygen bottles stored in a shallow plastic crate without any means of restraint to prevent them from tipping over.	C 166	Fryer moved to appropriate length from stove by maintenance. Baffle will reinstalled by maintenance non use oxygen tanks will be sent back to Oxygen company.	4/1/25 4/1/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility did not provide towel bars in the bedrooms or adjoining bathroom for each resident.</p> <p>Findings on February 5, 2025:</p> <p>a. There was a pattern of missing or broken towel bars in the bedrooms and adjacent bathrooms.</p>	C 175	<p>Towel bar will be installed by maintenance</p> <p>Broken and missing towel bars will be replaced by maintenance</p>	<p>4/1/25</p> <p>4/1/25</p>
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 and review of records, the facility's fire safety equipment is not</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 189	<p>Continued From page 8</p> <p>maintained in a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire.</p> <p>Findings on February 5, 2025: a. Riser Room - the accelerator is off. Review of the most recent sprinkler inspection noted that it is in need of replacement.</p> <p>2. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.</p> <p>Findings on February 5, 2025: a. The fire extinguisher near the front door is missing its annual inspection tag.</p> <p>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.</p> <p>Findings on February 5, 2025: a. The exit sign on the bedroom side of the smoke barrier wall at B Hall did not illuminate on test.</p> <p>4. 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.</p>	C 189	<p>New accelerator order by facility and will be installed by outside contractor.</p> <p>equipment will be inspected by Cardinal fire</p> <p>Fire tag will be replaced by facility maintenance</p> <p>emergency lighting will be replaced by maintenance</p> <p>exit sign will be replaced by maintenance.</p>	<p>5/1/25</p> <p>5/1/25</p> <p>5/1/25</p> <p>4/1/25</p> <p>4/1/25</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 189	<p>Continued From page 9</p> <p>Findings on February 5, 2025:</p> <ul style="list-style-type: none"> a. The sprinkler head outside of the Smoking Room is missing its escutcheon ring leaving a gap in the fire resistant rated ceiling. b. There is an unsealed camera cable penetration at the end of the Women's Hall. c. End of Women's Hall - there is a 3' long crack in the ceiling starting at the light fixture. The ceiling appears to be sagging slightly. d. Dining - the back sprinkler head at the corridor wall is missing its escutcheon ring. e. Nurses Station - there is an unsealed penetration above the fire alarm control panel and two one inch holes in the ceiling to the left of the door. f. Men's Hall Half Bath - the escutcheon ring is missing from the sprinkler head. g. Beauty Shop - the ceiling mounted light fixture is not secure leaving a gap in the fire resistant rated ceiling. h. Beauty Shop - the sprinkler head is missing its escutcheon ring. i. Room A-12 - there is a small hole at the base of the sprinkler head in the right closet and the sprinkler head in the left closet is missing its escutcheon ring. j. Men's Tub Bathroom - there is a gap in the ceiling along one side of the exhaust fan. <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire 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 5, 2025:</p> <ul style="list-style-type: none"> a. Women's Hall - last room near Mechanical, 	C 189	<p>escutcheon rings will be replaced by facility maintenance. 5/1/25</p> <p>Camera cable covered by maintenance 4/1/25</p> <p>Crack will be repaired by maintenance 4/1/25</p> <p>Holes will be repaired by maintenance 4/1/25</p> <p>Light fixture in beauty shop will be replaced by maintenance 4/1/25</p> <p>gap will be repaired by facility maintenance. 4/1/25</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 189	<p>Continued From page 10</p> <p>the hinge is loose and the door is dragging on the frame.</p> <p>b. Dining - the door hits the frame and is not closing without excessive force.</p> <p>c. Med Room - the door hits the frame and does not close and latch.</p> <p>d. Room A-8 - the door does not latch when closed.</p> <p>e. Room A-9 - the hinge is loose on the door and the door does not close.</p> <p>f. Room A-11 - the door does not latch when closed.</p> <p>g. Room A-3 - the door hits the frame and requires excessive force to close.</p> <p>h. Room A-5 - the door does not latch when closed.</p> <p>i. Room A-7 - the door rubs on the frame causing the veneer to pull away from the door.</p> <p>j. Men's Hall Tub Bath - the closer is preventing the door from fully closing.</p> <p>6. Based on observation electrical equipment has not been maintained in a safe manner.</p> <p>Findings on February 5, 2025:</p> <p>a. Room B1 - the globe for the ceiling mounted light fixture is missing.</p> <p>7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on February 5, 2025:</p> <p>a. Kitchen - the emergency light did not illuminate on test.</p> <p>b. Courtyard - the emergency light/exit sign was damaged and was not illuminated.</p>	C 189	<p>hinged repaired by maintenance</p> <p>doors repaired by maintenance</p> <p>globe replaced by facility</p> <p>emergency lights replaced by facility maintenance</p>	<p>4/1/25</p> <p>4/1/25</p> <p>4/1/25</p> <p>4/1/25</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 189	Continued From page 11 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on February 5, 2025: a. Men's Hall Shower Bath - the toilet is not secure to the floor.	C 189	toilet will be repaired by facility maintenance	4/1/25
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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. Findings on February 5, 2025: a. Women's Hall Laundry - the exhaust fan is not	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF DUNN		STREET ADDRESS, CITY, STATE, ZIP CODE 217 JONESBORO ROAD DUNN, NC 28334		
(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 199	Continued From page 12 working. b. Men's Hall Laundry - the exhaust fan is not working.	C 199	exhaust fan will be replaced by facility maintenance.	4/1/25