

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 R 05/29/2025
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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 29, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 May 29, 2025: a. Room 110 shared living - the veneer on the base cabinet has been trimmed and glued but not replaced. b. There is a general pattern of the wardrobe units with broken drawers and the veneer peeling off. The peeling veneer has been removed leaving the wardrobes with multi-colored panels. 2. Observations revealed that the ceilings and floors were not kept clean and in good repair. Findings on May 29, 2025: d. Private Dining - one of the floor planks is	{C 164}		

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

TITLE

(X6) DATE

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{C 164}	Continued From page 1 buckled near the corridor wall and has been repaired but another plank at the corridor door has buckled creating a trip hazard.	{C 164}		
{C 185}	Fire Safety-Rehearsals on Each Shift 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 May 29, 2025: a. There was not a record of fire rehearsals conducted on the first quarter of 2024. The fire rehearsal records could not be located to review at the time of survey. b. There was not a record of a fire rehearsal conducted on the second shift of the second quarter of 2024. The fire rehearsal records could not be located to review at the time of survey. c. There was not a record of a fire rehearsal conducted on the first or second shift of the third	{C 185}		

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{C 185}	Continued From page 2 quarter of 2024. The fire rehearsal records could not be located to review at the time of survey. d. There was not a record of a fire rehearsal conducted on the second or third shift of the fourth quarter of 2024. The fire rehearsal records could not be located to review at the time of survey. e. The fire rehearsal logs did not include a short description of what the rehearsal involved. The fire rehearsal records could not be located to review at the time of survey.	{C 185}		
{C 189}	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 6. 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. Findings on May 29, 2025: a. Kitchen - the door to Dining does not automatically close.	{C 189}		

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{C 189}	Continued From page 3 7. Observations revealed the mechanical equipment was not maintained in a safe and operating condition. Findings on May 29, 2025: a. Kitchen - there is a 1" thick layer of ice on the floor at the door.	{C 189}		