

PRINTED: 06/09/2025
FORM APPROVED

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}	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 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.	{C 164}	C164 Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 1.a. Room 110 shared living - the veneer on the base cabinet has been repaired or replaced. 1.b. The general pattern of the wardrobes some have been repaired and the will be replaced. 2.d. The floor plank on the dining room floor has been repaired.	6/11/25 6/11/25 6/30/25 6/11/25
	Findings on May 29, 2025: d. Private Dining - one of the floor planks is			

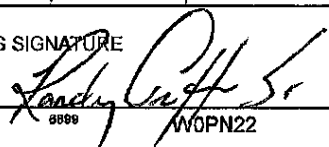
Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM



WOPN22

Executive Director

6/23/2025

If continuation sheet 1 of 4

Division of Health Service Regulation

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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 185 cont'd. Attached is a copy of rehearsals on the second or third shift of the fourth quarter of 2024. 1.e. Education was completed with the Maintenance Manager and staff on properly using the short description to describe the rehearsal on the each scheduled rehearsals involved.	6/11/25 6/11/25
{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}	Attached is a copy of rehearsals on the remaining scheduled rehearsals not listed. C 189 Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 6. The facility has complied with regulations and the doors properly close and latch to limit the spread of smoke or fire. 6.a. The Kitchen door to the dining automatically latches and close now.	6/11/25 6/11/25

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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}	C 189 cont'd Regional Maintenance Manager was notified and the parts needed to correct the deficiency have been ordered. 7.a. The Regional Maintenance Manager has ordered parts.	6/30/25