Division of Health Service Regulation

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R B, WING HAL021009 05/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 MEDICAL ARTS DRIVE **EDENTON HOUSE** EDENTON, NC 27932 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Responses to the cited defeciencies do {C 000} {C 000} Initial Comments not constitute an admission or agreement by the facility of the truth of the facts Report of a Biennial Follow Up Construction alleged or conclusions set forth. In the Survey by Suzanna Fay conducted on May 29, statement of defeciencies; the plan of 2025. correction is prepared soley as a matter of compliance with State Law. It is the There are deficiencies from the Biennial ploicy of the Edenton House to maintain Construction Survey that remain to be corrected. the physical plant and all requirements therein, Section .300 - Physical Plant {C 164} 10A NCAC. {C 164} Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F,0306 HOUSEKEEPING AND **FURNISHINGS** C164 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor 6/11/25 Regional Maintenance Manager was coverings kept clean and in good repair: notified and the parts needed to correct (2) have no chronic unpleasant odors; the deficiency have been ordered. (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. 1.a. Room 110 shared living - the veneer on the base cabinet has been repaired This Rule is not met as evidenced by: or replaced. 6/11/25 1. Observations revealed that the furniture was not in good repair. 1.b. The general pattern of the wardrobes Findings on May 29, 2025: some have been repaired and the will a. Room 110 shared living - the veneer on the be replaced. 6/30/25 base cabinet has been trimmed and glued but not replaced. b. There is a general pattern of the wardrobe 2.d. The floor plank on the dining room units with broken drawers and the veneer peeling floor has been repaired. 6/11/25 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 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sr Executive Director

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL021009	B. WING		R 05/29/2025						
NAME OF PR	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE								
EDENTON HOUSE 323 MEDICAL ARTS DRIVE											
EDENTON, NC 27932											
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{C 185}	Continued From page 2		{C 185}	C 185							
n d c fc c s e d	ot be located to revolve the conducted on the second conducted on the second not be located urvey. The fire rehears a secription of what the conducted to the conducted t	e fire rehearsal records could riew at the time of survey, record of a fire rehearsal econd or third shift of the 24. The fire rehearsal records to review at the time of al logs did not include a short he rehearsal involved. The secould not be located to survey.		cont'd. Attached is a copy of rehearsals second or third shift of the fourth of 2024. 1.e. Education was complted with Maintenance Manager and staff properly using the short descrip describe the rehearsal on the eascheduled rehearsals involved.	th the 6/11/25						
S 14 R (a m ca o) (k fa w T 6. m sa ca da lir or	ECTION .0300 - Plot NCAC 13F .031 EQUIREMENTS a) The building and pluter home shall be reperating condition. b) This Rule shall a citities with the exception of the shall not apply this Rule is not met Based on observation the facility's afe operating condition of the shall not complete the spread of stringin.	I all fire safety, electrical, mbing equipment in an adult maintained in a safe and apply to new and existing seption of Paragraph (e) to existing facilities. It as evidenced by: ation there is a failure to a fire safety equipment in a ation. Occupants in the smoke one exposed to smoke or fire if tely close and latch to help moke or fire to the area of	{C 189}	Attached is a copy of rehearsals remaining scheduled rehearsals not listed. C 189 Regional Maintenance Manage notified and the parts needed to the deficiency have been ordered. 6. The facility has complied with regulations and the doors proportion of smoke or fire. 6.a. The Kitchen door to the dia automatically latches and close	er was to correct red. the erly ead 6/11/25						
a.		r to Dining does not									
	h Service Regulation				ļ						

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{C 189}	Continued From page 3		{C 189}	C 189 cont'd							
	7. Observations revealed the mechanical equipment was not maintained in a safe and operating condition.		Regional Maintenance Mana notified and the parts needed the deficiency have been ord		correct						
	Findings on May 29, 2025: a. Kitchen - there is a 1" thick layer of ice on the floor at the door.			7.a. The Regional Maintenance Manager has ordered parts.	ntenance parts.						
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