Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051052	A. BUILDING: 01 B. WING _____	01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE CARE OF PRINCETON	160 HAVEN LANE PRINCETON, NC 27569

(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 This report is of a Biennial Construction Survey done by Bob Getchell on January 8, 2015. This facility was first licensed or submitted as a Home for the Aged serving 12 residents on May 1, 1991. Therefore the facility must meet the 1993 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code(s), Inatitutional Occupancy Deficiencies were noted which will require a new plan of correction.	C 000		
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: 2. Based on observation, the building was not maintained in a safe manner by storing an excessive abount of combustible material in a bedroom. This could affect all of the residents if there was a fire and the quantity of combustibles fueled the fire and caused it to grow beyond the ability of the room to contain it. Findings on 1/08/2015: a. The bedroom on the left front of the building	C 189		

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FORM APPROVED

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	HAL051052	A. BUILDING: 01 B. WING CONSTRUCTION SECTION	01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE CARE OF PRINCETON	160 HAVEN LANE PRINCETON, NC 27569

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C 189	Continued From page 1 had an excess of matresses, boxsprings and dressers stored inside. 3. Based on observation, the building plumbing was not maintained. Findings on 1/08/2015: a. The toilet in bathroom 10 is coming loose from the floor. 4. Based on observation, the building was not maintained in a safe manner by allowing corridor doors to be blocked open so that doors could not be rapidly closed to contain fire and smoke. Findings on 1/08/2015: a. The following corridor doors were being held open by a wedge: 1) Laundry, 2) Living Room.	C 189	#2 will be clean and organized by #3 Bathroom 10 will be complete by #4 wedges have been remove	2-29-15 2-29-15 1-8-15