STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035028	A. BUILDING: **01** B. WING _____	R **07/10/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE #1	**306 LUMPKIN BLVD** **LOUISBURG, NC 27549**

(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 by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on July 10, 2015 from 9:35 AM to 10:05 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 2. Observations revealed that the door hardware was missing on the closet doors in Bedroom 4 and this Surveyor could not open the doors. Have a qualified person repair the closet doors. Provide documentation of the repairs. 7/10/15: SF-Observations revealed that one door knob was missing and the right hand knob was not secure. Have a qualified person repair the closet doors. Provide documentation of the repairs through photos. 3. Observations revealed that the electrical outlet on the wall cabinet in the hall bathroom did not have power at the time of this survey. Have a qualified technician repair or replace the outlet.	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035028	A. BUILDING: **01** B. WING _____	R **07/10/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE #1	**306 LUMPKIN BLVD** **LOUISBURG, NC 27549**

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{C 174}	Continued From page 1 Provide documentation of the repairs. 7/10/15: SF-At the time of this survey, the electrical outlet did not have power. Have a qualified technician repair the outlet. Provide documentation of the repairs through copies of receipts or work orders. 4. Observations revealed that a section of the exterior soffit and fascia trim was rotted and heavily damaged to the left of the front entrance. Have a qualified person repair the soffit and trim Provide documentation of the repairs. 7/10/15: SF-Observations revealed that the soffit had been partially repaired. There was still a section that showed rot along the fascia leaving an open gap between the soffit and the fascia trim. Have a qualified person complete the repairs to the soffit. Provide documentation of the repairs through photos or copies of receipts or work orders. 5. Observations revealed that the paint was flaking at the soffit to the right of the front entrance. Have a qualified person repair the soffit. Provide documentation of the repairs. 7/10/15: SF-Observations revealed that the right side of the soffit had not been repaired. Have a qualified person repair the section of soffit where the paint is flaking and peeling. Provide documentation of the repairs through photos or copies of receipts or work orders.	{C 174}		