

CONSTRUCTION SECTION

PRINTED: 09/04/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/21/2015
NAME OF PROVIDER OR SUPPLIER PINWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 Construction Complaint Survey by Ed Miller on August 21, 2015. Records indicate that this facility was first licensed or submitted as a Home for the Aged serving 92 residents, 20 of which are in the Special Care Unit, on October 1, 1969. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code, section D-2 Institutional Occupancy. The "C" Wing built in 1983 must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code(s), section 409.1, Institutional Occupancy. The complaint, alleged that some window were broken by a resident and they have not been fixed. The complaint was substantiated. Deficiencies were cited which will require a plan of correction.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 166	The facility will provide a local contractor to correct and complete the window repairs. The facility will monitor daily and observe any constructive behavior and immediately act toward correcting the situation before the issue becomes	9/17/15 9/17/15

Division of Health Service Regulation

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

TITLE

(X5) DATE

Michelle Strayhorn administrator 9/16/15

STATE FORM

6889

OSMD21

If continuation sheet 1 of 2

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C 166	Continued From page 1 provide an environment free of hazards. This would affect all residents, staff and visitors by exposing them to, unsafe conditions and/or equipment in disrepair. Findings on August 21, 2015: a. In the C wing, two windows in the Living Room and one window in Bedroom 8 & 9 had been broken. The broken windows had been covered with a light plastic covered with packing tape.	C 166	unsafe issue for the residents. The facility staff on all shift will monitor and report any changes noted. The facility has implemented and updated a hourly check list that the staff is required to complete daily, along with the REC & administrator The facility administrator will complete a quarterly assurance operation report monthly or monitoring to ensure the deficient practice does not recur.	9/17/15 9/17/15 9/17/15