

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/24/2015
NAME OF PROVIDER OR SUPPLIER DUNMORE PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 515 W. KAPP STREET DOBSON, NC 27017			
(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 Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required.	(C 000)	CONSTRUCTION SECTION OCT 19 2015 RECEIVED completed (9-30/15)		
(C 155)	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors clean and in good repair. Followup Findings on September 24, 2015: a. In the following rooms, the floor tiles were chipped, cracked, broken and/or swollen and raised, creating tripping hazards. Locations of specific examples include but are not limited to: ii. Bedroom 108.	(C 155)			
(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	(C 189)			

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

TITLE Owner/maintenance (X6) DATE 10-16-

TATE FORM

6888

8C8X22

If continuation sheet 1 of 3

Division of Health Service Regulation
STATE FORM

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(C 199)	Continued From page 2 (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Followup Findings on September 24, 2016: a. The exhaust ventilation was running but did not remove the required CFM's of ventilation required by the Rule. Locations of specific examples include but are not limited to: i. Patient Bath across from Bedroom 109, ii. Women public toilet room on left side. b. The exhaust ventilation was not working. Locations of specific examples include but are not limited to: i. Women public toilet room on right side, ii. Men public toilet room on right side.	(C 199)			
			10-13-15 I spoke with Mr. Getchell he said was probably a goof up. he said to just put they are working properly. 8-10-15 completed working properly		