PRINTED: 09/16/2015
FORM APPROVED

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
	HAL054067	A. BUILDING: 01 B. WING	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE OF KINSTON	1935 IDLEWILD DRIVE KINSTON, NC 28504

(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 is a Report of a Complaint Investigation conducted by Greg Cates and Frank Strickland on August 26, 2015. Based on information from our files, this facility was first licensed or submitted on or about March 9, 1993 as a Home for the Aged with Twenty-Nine (29) beds. On or about April 24, 2002, a Thirty-Four (34) bed addition was approved, increasing the total resident beds to a capacity of Sixty-Three (63) beds, including Twenty-Six (26) Special Care beds. Based on the above information, we are requiring the facility to meet the 1991 Rules and Regulation for Adult Care Homes; the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes; and the 1991 North Carolina State Building Code (original building); and the 2002 North Carolina State Building Code Institutional Occupancy (Addition). The Complaint alleged that the air conditioning is out and the facility is hot. The Complaint is UNSUBSTANTIATED. Deficiencies were cited that will require a Plan of Correction.	C 000	CONSTRUCTION SECTION OCT 09 2015 RECEIVED	
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)	C 189		

PRINTED: 08/18/2015
FORM APPROVED
Division of Health Service Regulation

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C 189	Continued From page 1 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain all the HVAC equipment in operating condition. This may affect staff and visitors who may use the un air conditioned areas. a- The condensing unit that serves the Medicine Room and Meeting Room in the Special Care Wing is not operating and has been disconnected at the unit and the exterior disconnect. The other 10 units are in operation 2- Based on observations, the facility has failed to maintain the EXIT doors in a safe and operating manner. This would affect all occupants of the original building who may be required to EXIT the facility in an emergency. a- The EXIT door and frame have rusted through at the bottom, making the door very difficult to open and requiring substantial extra effort to open the door.	C 189	AC unit was repaired on 9/8/15. door will be repaired by 11/20/15. Mandi Rae Rayner 9/8/15	

North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Drexdal Pratt
Divison Director

September 16, 2015

Mandi Lee
P.O Box 3447
Kinston, NC 28501

RE: HA Complaint Construction Survey
FID #970042 Hal054067
The Village Of Kinston
1935 Idlewild Drive
Kinston Lenoir County

Dear Ms. Lee:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Complaint survey of your facility on August 26, 2015. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

Construction Section
www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
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