

Division of Health Service Regulation

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                          |                                                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL079079</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>02</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/24/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PINE FORREST HOME FOR THE AGED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>312 BROAD STREET<br/>REIDSVILLE, NC 27320</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                     | Initial Comments<br><br>Report of a Biennial Construction Survey by<br>Frank Strickland on 02/24/2016:<br><br>Records indicate that this facility was first<br>licenced on 04/16/1982 as a Home for the Aged.<br>The facility is currently licensed for 58 Beds.<br>Therefore the facility was surveyed for<br>conformance with the applicable portions of the<br>2005 Rules for Licensing of Adult Care Homes of<br>Seven or More Beds, and applicable portions of<br>the 1978 (C hall) and the 1991 (for the addition of<br>"A" and "B" Halls ) Edition, of the North Carolina<br>Building Code(s), Institutional Occupancy, and<br>the 1977 and 1991 (for the additions) Minimum<br>Standards and Regulations for Homes for the<br>Aged in effect at time of initial licensure.<br><br>Deficiencies were cited and a Plan of Correction<br>is required. | C 000                                                                                     |                                                                                                                          |                                                        |
| C 164                                                                     | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observations, this facility has not<br>maintained all interior doors to contain fire and/or<br>smoke. This condition could affect all residents<br>and staff by not containing fire and/or smoke in<br>the fire compartment or room of origin.                                                                                                                    | C 164                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                                                          |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL079079</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>02</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/24/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PINE FORREST HOME FOR THE AGED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>312 BROAD STREET<br/>REIDSVILLE, NC 27320</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 164                                                                     | <p>Continued From page 1</p> <p>Findings on 02/24/2016:<br/>(a) The door leading into Room 1 does not latch.<br/>(b) "C" Hall Laundry Room does not close and latch properly due to damaged door hardware.<br/>(c) The corridor door for the Dining Hall that is adjacent to the Kitchen is out of adjustment so that it does not close and latch properly and has damaged edges of the strike side.</p> <p>2-Based on observations, this facility has not maintained the interior finishes.</p> <p>Findings on 02/24/2016:<br/>(a) The ceiling finish is peeling above the vending machines in the "A" Hall.<br/>(b) The ceramic floor tiles are cracked around the floor drain located in the center of the Kitchen.</p> <p>3-Based on observations, this facility has not maintained the grab bars in the corridors. This condition could affect all residents by not providing safe grasping components in the corridor.</p> <p>Findings on 02/24/2016:<br/>The corridor handrail is not securely anchored to the wall between Rooms 7 &amp; 9.</p> <p>4-Based on observations, this facility has not maintained the protection of all exterior lighting fixtures. This condition could affect all residents by not providing illumination to residents and staff while entering the facility in the evenings.</p> <p>Findings on 02/24/2016:<br/>The exterior ceiling light located outside the Kitchen/"A" Hall corridor exit door does not have a protective globe.</p> | C 164                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                          |                                                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL079079</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>02</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/24/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PINE FORREST HOME FOR THE AGED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>312 BROAD STREET<br/>REIDSVILLE, NC 27320</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 166                                                                     | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C 166                                                                                     |                                                                                                                          |                                                        |
| C 166                                                                     | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and<br>orderly manner, free of all obstructions and<br>hazards;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, the facility has not<br>maintained and serviced the HVAC supply and<br>return air grilles. This will effect all residents and<br>staff.<br><br>Findings on 02/24/2016:<br>The return-air grilles have excessive particulate<br>build-up located in all of the Resident Bathrooms. | C 166                                                                                     |                                                                                                                          |                                                        |
| C 189                                                                     | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observations, this facility has not<br>maintained the exit signage and emergency                                                                                              | C 189                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                                                          |                                                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL079079</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>02</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/24/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PINE FORREST HOME FOR THE AGED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>312 BROAD STREET<br/>REIDSVILLE, NC 27320</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 189                                                                     | <p>Continued From page 3</p> <p>illumination in a safe manner. This would affect all residents and staff by no keeping all exit passage ways visible in the event of an emergency.</p> <p>Findings on 02/24/2016:</p> <p>(a) The exit sign at the exterior exit door adjacent to the Kitchen is not illuminated.</p> <p>(b) The exit sign posted above the cross-corridor doors in the "B" and "C" Hall transition is not illuminated.</p> <p>(c) The emergency light in "C" Hall outside the Resident Spa Bath does not illuminate when tested for emergency use.</p> <p>2-Based on observations, this facility has not maintained the fire detection devices in a safe manner. This would affect all residents and staff by not detecting fire in the event an emergency.</p> <p>Findings on 02/24/2016:</p> <p>(a) The Electrical Closet adjacent to Room 8. in "C" Hall does not have heat detection.</p> <p>(b) The heat detector located in the Kitchen Pantry is damaged.</p> <p>(c) The heat detector located in the Hall Closet adjacent to Room 13 is damaged.</p> <p>3-Based on observations, this facility has not provided GFCI Protection at electrical outlets in wet areas.</p> <p>Findings on 02/24/2016:</p> <p>(a) All resident bathrooms do not have ground fault protection at receptacles adjacent to hand washing sinks.</p> <p>(b) The Kitchen Bathroom does not have ground fault protection at receptacle.</p> | C 189                                                                                     |                                                                                                                          |                                                        |