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
	HAL051003	A. BUILDING: 01 2 B. WING _____	02/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HOME CARE OF JOHNSTON COUNT	474 JERRY ROAD SELMA, NC 27576

(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 Biennial Construction Survey conducted by Greg Cates and Billy Bryant on February 12, 2016. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about December 18, 1985 for Twelve (12) Beds. Based on the above information, the facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 10.	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 observations, the facility has failed to maintain the building free of hazards by using domestic extension cords. This could affect the facility ' s occupants by possibly allowing an overload of circuits possibly causing a fire. Findings include: a-There is an extension cord being used in the Laundry.	C 166	REMOVED EXTENSION CORD AND MOVED FURNITURE AND PLUGGED APPLIANCE DIRECTLY INTO RECEPTACLE	2/15/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE: [signature] TITLE: ADMINISTRATOR (X6) DATE: 3/11/2016.

Division of Health Service Regulation

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C 199	Continued From page 1	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 observations and testing, the facility has failed to maintain a mechanical exhaust in all required areas. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the Laundry is not operating. b- The exhaust fan in the Men ' s Visitor Bathroom is not operating.	C 199	BOTH WERE UNPLUGGED. WE PLUGGED THEM BOTH IN AND THEY BOTH OPERATE. 2/19/16. MY STAFF AND I WILL CONTINUALLY MONITOR ALL AREAS FOR PROBLEMS AND MAKE CORRECTIONS. /e	

DD Willett 3/11/2016.