STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096029	A. BUILDING: **01** B. WING _____	**06/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUTTON'S RETIREMENT CENTER	**4258 HWY 13 NORTH GOLDSBORO, NC 27534**

(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 Biennial Survey by Billy S. Bryant conducted on 06/30/2016. Records indicate this facility was first licensed on 10/01/1971. The facility is currently licensed for 40 Beds after two additions. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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 there is a failure to install and maintain required plumbing safety devices or equipment. All occupants of the facility could be affected if the absence of the plumbing safety devices creates the possibility the domestic water supply to be contaminated. Finding on 06/30/2016: a. Salon - There is not a vacuum breaker on the sink's hand held rinse wand water supply line.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096029	A. BUILDING: **01** B. WING _____	**06/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUTTON'S RETIREMENT CENTER	**4258 HWY 13 NORTH GOLDSBORO, NC 27534**

(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 166	Continued From page 1 2. Based on observation the storage of oxygen bottles was not maintained in a manner that kept the facility free from hazards. Finding on 06/30/2016: a. Oxygen cylinders were stored in a rack manufactured to hold soft drinks/sodas.	C 166		
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) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors do not latch and remain closed as required so as to limit the spread of smoke or fire to the area of origin. Finding on 06/30/2016: a. Men's Foyer and Men's Living Room - One leaf of the double doors does not have an automatic locking device, has a manual barrel bolt latch. The same door also has an astragal on the interior side of the door that prevents the other leaf from closing and latching if the leaf with astragal is closed 1st.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096029	A. BUILDING: **01** B. WING _____	**06/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUTTON'S RETIREMENT CENTER	**4258 HWY 13 NORTH GOLDSBORO, NC 27534**

(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 189	Continued From page 2 2. Based on observation the facility was not maintained in a safe manner by a failure to maintain electrical emergency/safety related equipment in operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. Finding on 06/30/2016: a. Nurses' Station - The wall mounted emergency light did not operate when tested. b. Men's Living Room - The wall mounted emergency light did not operate when tested.	C 189		