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
	HAL083011	A. BUILDING: 01 B. WING	06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTWICK VILLAGE ASSISTED LIVING	1000 JOHNS ROAD LAURINBURG, NC 28352

(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 06/09/2016. Records indicate this facility was first licensed on 05/19/2016. The facility is currently licensed for 100 Beds. 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 2002 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2004 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
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 exposed to smoke or fire if doors do not resist the passage of smoke or fire. Finding on 06/09/2016: a. 200 Hall - Open HVAC type grilles that do not have the means to resist the passage of smoke are installed at the top and at the bottom of the	C 189	Water heater closet door was replaced with a solid door (No ventilation for smoke exposure) Facility will follow up with contractor after any construction changes at the facility & reference physical plant regulations for DHSR.	7-14-16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya S. Baldwin — TITLE: Administrator — (X6) DATE: 7-14-16

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C 189	Continued From page 1 door to the water heater closet. 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 delay occupants exiting of the facility if exits and corridors were not illuminated during a power outage. Finding on 06/09/2016: a. Dining Room Hall - Wall mounted emergency light (EMR 12) did not illuminate when tested.	C 189	Exit light was replaced, Now illuminated and in working condition. Weekly maintenance checks will be conducted on all Exit lights.	6-10-16