

PRINTED: 06/16/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/02/2016
NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320		
(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 Follow-Up Construction Survey by Ed Miller on June 2, 2016. The following deficiencies have not been satisfactorily corrected and will require a new Plan of Correction.	{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, the facility has not maintained and serviced the HVAC supply and return air grilles. This will effect all residents and staff. Findings on June 2, 2016: The return-air grilles have excessive particulate build-up located in all of the Resident Bathrooms.	{C 166}	The return air grilles in the resident bathrooms and any other were cleaned + vacuumed out	6-3-16
{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.	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Judy Lawton*

TITLE

RJ/RC

(X6) DATE

7-1-16

STATE FORM

6899

ELHD22

If continuation sheet 1 of 2

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{C 189}	Continued From page 1 (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: 3-Based on observations, this facility has not provided GFCI Protection at electrical outlets in wet areas. Findings on June 2, 2016: • (a) All resident bathrooms do not have ground fault protection at receptacles adjacent to hand washing sinks.	{C 189}	<i>Ground fault protection at receptacles adjacent to hand washing sinks are being corrected.</i>	<i>7-11-16</i>