

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334			
(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 report is of a Followup Survey done by Bob Getchell on September 7, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	(C 000)			
(C 111)	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Followup Findings on September 7, 2016 include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Fire Marshalls Report,	(C 111)	Sanitation report for building completed Fire Marshall report completed	9/20/16	
(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. (k) This Rule shall apply to new and existing	(C 189)			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

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RW2V22

If continuation sheet 1 of 4

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{C 189}	Continued From page 2	{C 189}			
	b) Room 122 bathroom				
{C 199}	Exhaust Ventilation	{C 199}			
	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 observation, the building exhaust ventilation was not maintained in accordance with this Rule. Followup Findings on September 7, 2016 include: The exhaust has the following issues: a) Room 134 has no exhaust fan in the bathroom b) Room 135 has an exhaust fan in the bathroom that is not working c) Room 136 has an exhaust fan in the bathroom that is not working d) Shower Room near room 120 has an exhaust fan that is not working e) Room 118 has an exhaust fan in the bathroom that is not working		a: Will be completed b-e: Completed		10/14/16 9/29/16

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STATE FORM

6599

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If continuation sheet 3 of 4

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(C 199)	Continued From page 3 h) Office bathroom has an exhaust fan that is not working	(C 199)	h: completed		9/29/16