

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL051019</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                                                                   | (X3) DATE SURVEY COMPLETED<br><br><b>12/07/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLASSIC CARE HOMES 103</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>103 ANNIE PARKER CIRCLE<br/>SMITHFIELD, NC 27577</b> |                                                                                                                                                                                                                                                              |                                                     |
| (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<br><br>Report of Biennial Construction Survey by Frank Strickland on 12/07/2016:<br><br>This facility was first licensed on 11/25/1998 as a HA. This facility is currently licensed for 12 Beds. Therefore, this 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 1998 (1997 Revisions) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.<br><br>Deficiencies have been cited and a Plan of Correction is required.                                                    | C 000                                                                                            |                                                                                                                                                                                                                                                              |                                                     |
| C 136                                                             | Bathrooms-Must Be Mechanically Ventilated<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(e) The requirements for bathrooms and toilet rooms are:<br>(11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.<br><br>Findings on 12/07/2016: | C 136                                                                                            | 1. Staff office bathroom fan has been replaced. To prevent recurrence of the problem, the general maintenance staff will check all ventilation fans at least monthly & report findings to administrator or resident care co-ordinator & correct any problem. | 12-14-16                                            |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Diane Hollaman*

*Administrator*

*01-04-17*

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HA1051019</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                 |                    | (X3) DATE SURVEY COMPLETED<br><br><b>12/07/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLASSIC CARE HOMES 103</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>103 ANNIE PARKER CIRCLE<br/>SMITHFIELD, NC 27577</b> |                                                                                                                                                                                            |                    |                                                     |
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| C 136                                                             | Continued From page 1<br><br>The mechanical exhaust fans are not exhausting interior air in the following location(s):<br>(a) Staff Office Bathroom                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C 136                                                                                            |                                                                                                                                                                                            |                    |                                                     |
| C 166                                                             | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observations, this facility has failed to maintain the components of the HVAC distribution system.<br><br>Findings on 12/07/2016:<br>The ceiling HVAC diffusers are very rusted that are located in the hallways. | C 166                                                                                            | 1. Rusted HVAC diffusers in the hallways have been replaced + will be maintain on a monthly basis as a matter of regular housekeeping to prevent the oversight of this issue in the future | 1-3-17             |                                                     |