STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on April 5, 2017. Records indicate that this facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on May 13, 1988. Therefore the facility must meet the 1987 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy. Deficiencies were cited that require a 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, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on April 5, 2017: a. Bedroom 215 Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 lines. b. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on April 5, 2017: a. 100 Hall Central Bath - the connection of the commode to the floor was loose. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on April 5, 2017: a. Bedroom 106 - three portable medical oxygen cylinders in the closet were stored standing up in beverage crates not secured to the structure.	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.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 This Rule is not met as evidenced by: 1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on April 5, 2017: a. 100 Hall - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. b. Central Hall near Dining - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. c. Central Hall near Activities- a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. d. Maintenance Office - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. e. Exterior Utility Room - a two and haft inch or larger PVC pipe was firestop with firestop sealant. PVC pipes larger than 2 inches in diameter require a 'fire collar' or similar system to firestop gaps through fire-resistance-rated ceiling assembly. f. Kitchen Hood Suppression System - a firestopped cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. g. Exterior Utility Room - there were gaps around cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. h. Maintenance Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Back Service Corridor (behind Central Hall	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 3 Exit Door) - there was a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 5, 2017: a. Smoke Barrier near Bedroom 201 - the back leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. 3. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on April 5, 2017: a. Main Lounge - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Central Hall near Activities - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. 4. Based on observation, the electrical system was not being maintained safe. Findings on April 5, 2017: a. Exterior Utility Room - a large chair was being stored directly in front of the electric panel, preventing quick access in any emergency. 5. Based on observation, the Building was not maintained in a safe and operating condition,	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 4 because the corridor doors did not resist the passage of smoke. This could affect all residents, staff and visitors if the doors were to contain smoke/fire in the room of origin. Findings on April 5, 2017: a. Dining Room Central Hall side - the corridor door's latch bolt was retracted, not allowing the door to latch. b. Service Hall Storage - the corridor door's window was missing its glass pane. 6. 199 Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on April 5, 2017: a. Laundry - the exhaust ventilation system did not work, allowing a build-up of odors.	C 189		