

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 Follow-up Survey by Dennis Harrell on 4-6-2017. Several deficiencies were not corrected. Further action is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 3/4 inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: a. A Hall Hopper Room - the corridor door was 1	{C 101}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 101}	Continued From page 1 3/4 inches thick and of hollow construction.	{C 101}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: k. Bathroom near A Hall Hopper Room - the corridor doorframe bases on both sides had rustied away. t. A Hall Exterior near Bedroom 4 - the gutter has come loose from the fascia board and is not draining properly.	{C 164}		
{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.	{C 166}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 2 This Rule is not met as evidenced by: 4. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: a. C Hall Bathroom - the specialty tub had a sprayer wand with hose long enough to reach into the gray water, but appear not to have vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	{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. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to the telco problem. A through test was performed and	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 the single was received by the monitoring company. Interview of Administrator revealed that on fire alarm activation a staff member calls 911. 2. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: a. A Hall Dirty Linen Closet in Laundry - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. Note: This deficiency was corrected during the survey. 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 September 13, 2016 and 2-7-2017: b. Intersection of A Hall and Main Hall - there was no exit sign at this intersect to direct the occupants from the Main Hall to turn and egress the front or back exits of A Hall. Finding on 4-6-2017: A metal exit sign had been installed that was not an illuminated exit sign as required 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 13, 2016 and 2-7-2017: o. SCU Exterior Mech Room - a leak had deteriorated the fire-resistance-rated ceiling	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 assembly, (tape and joint compound coming apart) and there were holes/gaps around equipment/objects. Finding on 4-6-2017: There was now a hole of approximately 2 ft. by 2 ft. in the fire rated ceiling. 5. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on September 13, 2016 and 2-7-2017: a. Cross-Corridor fire doors near Kitchen - the doors hit each other and did not close completely when the fire alarm system released the doors. Finding on 4-6-2017: The door had been trimmed and would now close, but there was a gap of about 3/8 inch between the doors. A gap that large cannot prevent the passage of smoke and fire unless an astragal is provided.	{C 189}		
{C 199}	Exhaust Ventilation 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	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 199}	Continued From page 5 (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: 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 13, 2016 and 2-7-2017 and 4-6-2017: b. SCU Laundry - there was no exhaust ventilation system in this area.	{C 199}		