

PRINTED: 03/02/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/17/2017
NAME OF PROVIDER OR SUPPLIER PINECREST GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 1984 OLD US 421 LILLINGTON, NC 27546			
(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 Construction Section Biennial Survey by Billy S. Bryant conducted on 02/27/2017. Records indicate this facility was first licensed on 04/01/1967. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 (Rev 8) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1971 Minimum Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		3/17/17	
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; (c) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free of hazards. Findings on 02/17/2017: a. Corridor Door Adjacent to Room #39 - The panic/pushbar hardware on the door is missing mechanism covers and therefore sharp edges are exposed to any resident using the hardware to open the door. b. Unit TV Room - The door veneer is delaminating to an extent that occupants using	C 166	Facility manager and maintenance man will do weekly walk throughs in building to identify areas of repair. push bar on corridor door was repaired so no sharp edges are exposed. unit tv room was repaired as well. Facility manager will report all maintenance issues to maintenance person and repairs will be completed right away.	3/17/17	

Division of Health Service Regulation

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

STATE FORM

TITLE

(X6) DATE

BSL821

If continuation sheet 1 of 4

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C 188	Continued From page 1 the door could get splinters from the veneer.	C 188	<i>All facility doors were inspected and all broken hardware repaired or replaced</i> <i>Facility manager will report all maintenance issues to maintenance person and repairs will be completed in a timely manner to insure compliance in this area.</i>	<i>3/17/17</i>	
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors that open to corridors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 02/17/2017: a. Rooms #8, #14, and #16 - The resident room's door hardware is broken and the door will not latch to remain closed when the door is shut. b. Room #27 - The resident room's door hardware is broken and the door will not latch to remain closed when the door is shut. c. Room 43 - The resident room's door hardware is broken and the door will not latch to remain closed when the door is shut.	C 189			

OK

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NAME OF PROVIDER OR SUPPLIER PINECREST GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 1984 OLD US 421 LILLINGTON, NC 27548			
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C 189	Continued From page 3 a. The shower hot and cold mixing valve lever was not attached to the valve and lying on the edge of the tub. 4. Based on observation the facility did not maintained electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Finding on 02/17/2017: a. Unit TV Room - The wall mounted emergency light did not illuminate when tested on battery power. b. Door from Connecting Hall to Front Living Area - The exit sign was not illuminated on house current or battery power. 5. Based on observation and documentation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Finding on 02/23/2017: a. Tags for the monthly inspections of the fire extinguishers and kitchen hood suppression system were not dated and initialed.	C 189	Mixing valve lever was re attached immediately and all staff will report issues to facility manager upon discovery and facility manager will insure maintenance man is aware and completes repairs as soon as possible. Batteries were replaced in emergency lights and exit sign was replaced also. Facility manager will test emergency lighting at least every 2 weeks to insure they are working properly.	3/17/17	3/17/17

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STATE FORM

6806

BSL021

If continuation sheet 4 of 4

Facility manager and maintenance man will check, initial and date monthly all fire extinguishers + kitchen hood

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C 189	Continued From page 2 d. Room #44 - The bottom of the resident room's door drags on the floor so that it cannot be closed. e. There is a pattern of door hardware that needs to be maintained in operable condition. Based on observation 6 out of the first 10 doors examined had door hardware that is very loose so that it is causing the door hardware to not function properly to keep the door closed and latched when the door is shut. f. Kitchen - The door from the kitchen into the dining room will not latch to remain closed when the door is shut. g. The door from the pantry to the kitchen is damaged to the extent that it is falling apart and is no longer serviceable. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Fire resistant rated doors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be affected if the doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Finding on 02/17/2017: a. Adjacent to Breakroom - The fire resistant rated door hits the frame and will not completely close and latch to remain closed when it is released from the magnetic hold open device upon activation of the fire alarm. 3. Based on observation the plumbing equipment was not kept in good repair. Finding on 02/17/2017:	C 189	pantry door was replaced and Facility manager will conduct weekly walk through and report all maintenance requests to maintenance man so repairs can be done as soon as possible The fire door adjacent to the breakroom was repaired so it stays closed upon fire alarm activation	3/17/17