

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL035029                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                                                                                                                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br>R<br>04/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PIONEER HEALTHCARE #2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>113 JUSTICE STREET<br>LOUISBURG, NC 27549 |                                                                                                                                                                                                                                                                                           |                                                   |
| (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>The Adult Care Licensure Section conducted a follow-up survey on April 26, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (C 000)                                                                            |                                                                                                                                                                                                                                                                                           |                                                   |
| (C 074)                                                   | 10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping And Furnishings<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>FOLLOW UP TO TYPE B VIOLATION<br>The Type B violation was abated.<br>Non-compliance continues.<br><br>Based on observations and interviews the facility failed to assure that all walls, ceilings, and floors at the facility were clean and maintained in good condition, including walls with peeling paint, rusted air vents, and light fixtures with missing bulbs.<br><br>The findings are:<br><br>Observation of a bathroom at the facility on 04/26/17 at 8:08 AM revealed:<br>-There was a towel rack bracket above the toilet that had been broken.<br>-The air vent under the window was rusted with orange rust spots and had some rough jagged edges around the rust spots.<br><br>Observation of a bedroom at the facility on 04/26/17 at 8:12 AM revealed there was a hole in the wall beside a light socket about 4 inches in | (C 074)                                                                            | The broken towel rack bracket will be removed completely since it is not in use and the rusted air vent will be sanded and painted over. Repairs will be completed by 6/30/17<br>-The hole beside a light socket in the bedroom will be sealed promptly and repairs completed by 6/20/17. |                                                   |

Division of Health Service Regulation

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

STATE FORM

*Budget Dunn*

TITLE

*Administrator*

(X6) DATE

*5/16/17*

8809

TF5012

If continuation sheet 1 of 4

Reviewed and Accepted By: *J. H. H. H.*  
5/30/17

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>PIONEER HEALTHCARE #2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>113 JUSTICE STREET<br>LOUISBURG, NC 27549 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |
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| (C 074)                                                   | <p>Continued From page 1</p> <p>diameter and 2 inches in width.</p> <p>Observation of a second bedroom at the facility on 04/26/17 at 8:15 AM revealed:</p> <ul style="list-style-type: none"> <li>-The overhead light on the ceiling did not have a light bulb.</li> <li>-One of four walls had been patched but had rough edges where it had not been sanded or painted.</li> </ul> <p>Observation of the laundry room on 04/26/17 at 8:18 AM revealed there was not a light bulb in the fixture hanging from the ceiling.</p> <p>Observation of a third bedroom at the facility on 04/26/17 at 8:20 AM revealed:</p> <ul style="list-style-type: none"> <li>-There were 4 of 4 walls that were scratched and scuffed up with peeling paint on them.</li> <li>-There were 3 of 3 windows has cob webs and other debris all inside of the window panes.</li> </ul> <p>Observation of the side entrance door of the facility on 04/26/17 at 8:25 AM revealed:</p> <ul style="list-style-type: none"> <li>-The storm door was missing the glass window in the bottom of the door.</li> <li>-The main door was scratched with cracked and chipped paint over the front and sides of the door.</li> </ul> <p>Observation of the kitchen on 04/26/17 at 8:30 AM revealed:</p> <ul style="list-style-type: none"> <li>-There was an overhead light fixture in the kitchen that was missing 2 of the 3 bulbs.</li> <li>-There was a light fixture hanging over the sink on the wall that was missing 7 of 8 light bulbs in the fixture.</li> <li>-There was a cord that was protruding from the wall around an opening in the wall near a light fixture over the sink.</li> </ul> <p>Observation of the living room on 04/26/17 at</p> | (C 074)                                                                            | <p>-The light fixture in the second bedroom will have light bulb affixed completed 4/27/17</p> <p>-The patched wall in the second bedroom will be sanded and painted by 6/20/17</p> <p>-Light bulb has already been fixed to the hanging light fixture from the laundry room ceiling done 4/27/17</p> <p>-The third bedroom with scratched walls and peeling paint will be repaired by 6/20/17</p> <p>-The cob webs on the window panes has been removed as at 4/30/17</p> <p>-The side entrance storm door with missing glass will be fixed and the main door with scratched and chipped paint will be fixed by 6/20/17.</p> |  |                                                   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>PIONEER HEALTHCARE #2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br>113 JUSTICE STREET<br>LOUISBURG, NC 27549 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
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| (C 074)                                                   | <p>Continued From page 2</p> <p>8:40 AM revealed the overhead light fixture on the ceiling was missing one light bulb.</p> <p>Observation of the front entrance of the facility on 04/26/17 at 8:45 AM revealed:</p> <ul style="list-style-type: none"> <li>-The vent by the front door was not attached to the wall and was protruding out from the wall.</li> <li>-The wall around the vent was swelled up and felt wet when touched.</li> </ul> <p>Observation of the hallway at the facility on 04/26/17 at 8:47 AM revealed there was a large air vent cover at the end of the hallway that was covered in orange rust spots all over and was bent on both sides around the middle of the vent.</p> <p>Observation of the dining room on 04/26/17 at 8:50 AM revealed the wall around one of the vents under the window was swelled up and cracked.</p> <p>Interview with the Medication Aide on 04/26/17 at 8:55 AM revealed:</p> <ul style="list-style-type: none"> <li>-In March 2017 there was a contracted maintenance person doing some work at the facility.</li> <li>-He had been working outside on the windows that day and had also done some work on the walls inside.</li> <li>-He felt that all the work that the facility needed to have done to be in compliance has been completed.</li> <li>-He had been off from work the last week or so and was not sure why the glass in the door had not been fixed.</li> <li>-He was not aware that all the light fixtures had to have working light bulbs in them.</li> <li>-He would make sure to get some light bulbs today to fix the light bulbs</li> <li>-The Administrator would make sure that all</li> </ul> | (C 074)                                                                            | <p>The kitchen overhead light fixture with 2 missing light bulbs has been fixed by 4/30/17</p> <p>The light fixture hanging over the kitchen sink wall with missing light bulbs has been fixed with light bulbs as at 4/30/17.</p> <p>The opening in the wall by the door will be caulked by 6/20/17.</p> <p>The overhead light fixture in the living room ceiling has been fixed with a light bulb as at 4/30/17.</p> <p>The vent by the front door will be attached to the wall, the swelled up wall around the vent will be fixed by 6/20/17.</p> <p>The hallway vent with rust will be painted and fixed by 6/20/17.</p> <p>The swelled up wall around the dining room vent will be fixed by 6/20/17.</p> |                                                   |

Division of Health Service Regulation  
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If continuation sheet 3 of 4

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| (C 074)                                                   | Continued From page 3<br>repairs were completed.<br><br>Interview with the Administrator on 04/26/17 at<br>9:30 AM revealed:<br>-She has been getting repairs done at the facility<br>for the last 2 months in February and March of<br>2017.<br>-The contracted maintenance person was there<br>he had been repairing the roof.<br>-He had also caulked all the windows and replaced<br>the glass in some of them.<br>-Repair work that was needed at the facility had<br>been completed.<br>-She was not currently aware of any repair work<br>at the facility that needed to be done. | (C 074)                                                                | The Administrator will contract<br>a licensed/qualified technician<br>to fix/repair all the faulty<br>areas of the house. It is<br>also the Administrator's<br>responsibility to make sure<br>all repairs are done and<br>completed by 6/30/17 |                          |                                                      |