STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 Billy S. Bryant and Ed Miller conducted on 06/08/2017. Records indicate this facility was first licensed on 09/25/2017. The facility is currently licensed for 122 Beds including a 50 Bed Special Care Unit. 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 1978 (Revision 10) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility did not have current safety inspection reports maintained in the home and available for review. Finding on 06/08/2017: a. A current fire marshal's inspection report was not available for review at the facility at the time of the survey. b. The kitchen exhaust hood fire suppression system inspection tag indicated the system was last inspected on 01/16/2016. Exhaust hood fire	C 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: 01 B. WING _____	06/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 111	Continued From page 1 suppression systems are required to be inspected every 6 months by a certified technician.	C 111		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation the outside grounds of the facility is not maintained in a clean condition. Finding on 06/08/2017: a. There is vegetation sprouting from the roof rain gutters.	C 160		
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: 1. Based on observation the ceilings are not maintained clean and in good repair.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 164	Continued From page 2 Findings on 06/08/2017: a. Administrator's Office - The ceiling paint is peeling from the ceiling surface. b. There is a pattern of HVAC return air and exhaust fan grilles and the radiation dampers that need cleaning. Approximately 1/2 of the HVAC return air and exhaust fan grilles and the radiation dampers above the grilles in the facility's ceiling were clogged with dust. 2. Based on observation the floors are not maintained clean and in good repair. Finding on 06/08/2017: a. Kitchen - There is trash and a build up of dirt on the floor under the prep table immediately adjacent to the ice machine.	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. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. Findings on 06/08/2017: a. S.C.U., Janitor's Closet - Access to the electrical panels is obstructed by disposable diapers stored in front of the panels.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 3 b. Kitchen, Main Electrical Room - The electrical room is being used for kitchen supplies storage and access to the electrical panels is obstructed by items stored in front of the panels. 2. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 06/08/2017: a. Oxygen Storage Room - Oxygen cylinders were stored standing upright and without any means of restraint to prevent them from falling over. 3. Based on observation the facility was not maintained free from hazards. Finding on 06/08/2017: a. S.C.U. Spa Adjacent to Room #44 - The fluorescent light fixture lens is almost cracked in two and is in danger of completely detaching from the fixture.	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	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 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 systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 06/08/2017: a. S.C.U., Laundry - There are gaps around the PVC piping where it penetrates the fire resistant rated ceiling. b. S.C.U., Janitor's Closet- The drywall tape and mud have deteriorated at a joint creating a gap in the fire resistant rated ceiling. c. Linen Closet at Entrance to the S.C.U. - The drywall tape and mud have deteriorated at a joint creating a gap in the fire resistant rated ceiling. In addition there are gaps around the electrical conduits where they penetrate the fire resistant rated ceiling. d. Main Mechanical Room - There are gaps around the PVC piping for the water heaters where they penetrate the fire resistant rated ceiling. e. S.C.U. Day Room - Both fire sprinkler head escutcheons have dropped down creating a gap in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe. f. S.C.U., Room #62 - The fire sprinkler head	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 5 escutcheon in the living area has dropped down creating a gap in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe. g. S.C.U. Living Room - The fire sprinkler head escutcheon in the living area has dropped down creating a gap in the fire resistant rated ceiling where it is penetrated by the sprinkler pipe. 2. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to holes in the fire resistant rated walls. Failure to maintain fire safety systems in a safe condition could effect occupants of the facility if the system did not provide the required fire resistant rated protection. Finding on 06/08/2017: a. Main Hall Utility Room - An approximately 4 square foot section of drywall has been removed from the section of the fire resistant rated wall that is shared with the corridor. 3. 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. 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 06/08/2017: a. S.C.U., Room #41 - The door hardware is is loose so that it will not operate and latch to keep the door shut when the door is closed. b. S.C.U., Cross Corridor Doors - The doors adjacent to the dining room did not completely close and latch when released from their	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 6 magnetic hold open devices. c. S.C.U. Dining room - When the door to the corridor is shut there is an approximately ¼" gap between the door and the door frame stop that would prevent the door from resisting the passage of smoke. d. Cross Corridor Doors, Adjacent to Room #10 - The doors did not completely close and latch when released from their magnetic hold open devices. Note: Repaired while the surveyor was on site. e. Room # 32 - The door hits the door frame preventing it from completely closing and latching when shut. 4. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. Failure to maintain fire alarm system devices and equipment in a safe and operable condition could effect all occupants of the facility if the equipment did not function when and as required. Finding on 06/08/2017: a. Room # 37 - The ceiling smoke heat detector was detached from its mounting base and was hanging by its wiring. Note: Repaired while the surveyor was on site. 5. Based on observation the facility did not maintain 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 or if illuminated directional exit signs could not be seen.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 7 Findings on 06/08/2017: a. Corridor at Room #26 - When tested on battery power the directional exit sign did not illuminate. b. Fire Alarm Panel - When tested on battery power the wall mounted emergency light above the F.A. panel did not illuminate. 6. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could cause the domestic water supply to become contaminated. Finding on 06/08/2017: a. S.C.U., Room #62 - The hand held shower head reaches the bottom of the tub but a vacuum breaker is not installed for the shower head. b. Kitchen - There is no gap between the ice machine drain pipe and the floor drain. The drain pipe for the ice machine is plumbed down into the floor drain.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	C 191		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 191	Continued From page 8 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. The facility did not comply with portable electrical heaters being prohibited. Finding on 06/08/2017: a. Room #27 - There was a portable electrical heater in use by the resident in the room.	C 191		
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 (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: 1. Based on observation the facility failed to provide the required exhaust ventilation equipment in spaces required to be mechanically exhausted by rule. Finding on 06/08/2017 a. In 7 out of the first 12 resident bathrooms and	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: **01** B. WING _____	**06/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	**826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892**

(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 9 3 out of 4 of the Spas surveyed the exhaust fans are not working indicating a pattern of exhaust fans that do not operate.	C 199		