STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098029	A. BUILDING: **01** B. WING _____	**10/04/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD VILLAGE	**1730 PARKWOOD BLVD** **WILSON, NC 27895**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant conducted on October 4, 2017. Records indicate this facility was first licensed on 8-19-1997, as a Home for the Aged. The facility is currently licensed for 70 Beds including a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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. Based on record review and interview with Executive Director and Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on October 4, 2017: a. A current Building Sanitation Inspection Report was not available for review by the	C 111		

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C 111	Continued From page 1 Surveyor.	C 111		
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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on October 4, 2017: a. SCU Nurse Station - one portable medical oxygen cylinder is stored standing up not secured.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	C 185		

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C 185	Continued From page 2 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document all aspects of the fire plan rehearsals. Findings on October 4, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185		
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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on October 4, 2017: a. Exit near Bedroom 108 - the exit sign did not illuminate on backup power when tested. b. Exit near Bedroom 216 - the exit sign did not illuminate on backup power when tested. c. Exit From Dining - the exit sign did not	C 189		

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C 189	Continued From page 3 illuminate on backup power when tested. d. Dining left front side - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the facility was not maintained in a safe manner because the smoke barrier doors are not fitting well enough when closed 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 October 4, 2017: a. Smoke Barrier on 100 Hall - there was a gap of about 3/8 inch to 1/8 inch between leafs. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on October 4, 2017: a. Corridor near Bedroom 108 - the fire sprinkler escutcheon plate missing exposing an opening in the ceiling. b. SCU Dining - a fire sprinkler head is debris-loaded with lint. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.Extension cords cannot substitute for permanent wiring. Findings on October 4, 2017: a. Kitchen Office - an extension cord is being used to power equipment. b. Bedroom 405 - an extension cord is being used to power equipment. 5. Based on Observation, the facility failed to keep plumbing in a safe and operating condition.	C 189		

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C 189	Continued From page 4 Findings on October 4, 2017: a. Kitchen - the ice machine drain is almost on to the floor drain, resulting in the potential for the drain line to clog because of the lack of required air gap and contaminate the ice.	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 (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 ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 4, 2017: a. 100 Hall Residents Laundry - there was no exhaust ventilation system and odor is present. b. 100 Hall - the central exhaust ventilation system did not work, and there was a slight odor in the Resident Bathroom. c. 200 Hall including Public Unisex Restrooms-	C 199		

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C 199	Continued From page 5 the central exhaust ventilation system did not work, and there was a slight odor in the Resident Bathroom. d. Bulk Laundry and 300 Hall Housekeeping - the central exhaust ventilation system did not work, and there was a slight odor in the Resident Bathroom.	C 199		