| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: **02**<br>B. WING _____ | **12/13/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PINE FORREST HOME FOR THE AGED** | **312 BROAD STREET REIDSVILLE, NC 27320** |

| (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>Report of a Biennial Construction Survey by Suzanna Fay on December 13, 2017:<br><br>Records indicate that C Hall (original building) was first licenced on April 16, 1982 as a Home for the Aged. A Hall and B Hall were constructed in early 1990 ' s. The facility is currently licensed for 58 Beds. 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, and applicable portions of the 1978 (C hall) and the 1991 (for the addition of "A" and "B" Halls ) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1977 and 1991 (for the additions) Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.<br><br>Deficiencies were cited and a Plan of Correction is required. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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", | C 101 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: **02**<br>B. WING _____ | **12/13/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PINE FORREST HOME FOR THE AGED** | **312 BROAD STREET REIDSVILLE, NC 27320** |

| (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<br>copies of which are available at the Division of Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by: | C 101 | | |
| C 133 | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(e) The requirements for bathrooms and toilet rooms are:<br>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not provide hand grips at all tubs accessible to residents.<br><br>Findings on December 13, 2017:<br>a. A Hall Women's Bath - the tub did not have hand grips. The brackets for the hand grip were attached to the wall. | C 133 | | |
| C 148 | Corridors-Handrails<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(g) The requirements for corridors are:<br>(2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; | C 148 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: 02<br>B. WING _____ | 12/13/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINE FORREST HOME FOR THE AGED | 312 BROAD STREET<br>REIDSVILLE, NC 27320 |

| (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 148 | Continued From page 2<br>This Rule is not met as evidenced by:<br>1. Observations revealed that the corridor handrails were not maintainted to be capable of supporting a 250 pound concentrated load.<br><br>Findings on December 13, 2017:<br>a. The handrail between Rooms 8 and 9 was loose. | C 148 | | |
| C 152 | Entrances-Steps, Porches with Handrails<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(h) The requirements for outside entrances and exits are:<br>(2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not meet this licensure rules, which was in effect at the time of construction, requiring steps and porches not at ground level to be protected by handrails.<br><br>Findings on December 13, 2017:<br>a. C Hall - there is a 4-6 inch step down from the porch to the sidewalk that is not protected by handrails.<br>b. C Hall - the porch is at approximately 4 to 6 inches above grade. | C 152 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall: | C 164 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: **02**<br>B. WING _____ | **12/13/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PINE FORREST HOME FOR THE AGED** | **312 BROAD STREET REIDSVILLE, NC 27320** |

| (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 3<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the furnishings were not maintained in good repair.<br><br>Findings on December 13, 2017:<br>a. Room 20 - the door hardware is very loose.<br>b. A Hall, Room 3 - the frame on the bathroom door is damaged and pulling away from the wall.<br><br>2. Observations revealed that the ceilings were not maintained in good repair.<br><br>Findings on December 13, 2017:<br>a. Room 3 - the ceiling in the bathroom was spalling around the vent.<br>b. There were areas throughout the facility where the ceiling was stained and spalling. Interview with Staff revealed that the damage was caused by roof leaks and they had recently replaced the roof. Patching was ongoing.<br><br>3. Observations revealed that the facility was not maintained free of chronic unpleasant odors.<br><br>Findings on December 13, 2017:<br>a. A Hall Women's Bath - there was a very strong unpleasant odor in the bathroom. The source of the odor was identified and removed during the survey. | C 164 | | |
| C 185 | Fire Safety-Rehearsals on Each Shift | C 185 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: **02**<br>B. WING _____ | **12/13/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PINE FORREST HOME FOR THE AGED** | **312 BROAD STREET REIDSVILLE, NC 27320** |

| (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 185 | Continued From page 4<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility was not conducting rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br><br>Findings on December 13, 2017:<br>a. The facility failed to conduct drills during the second shift in the first and third quarters and during the third shift in the second quarter. | C 185 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) | C 189 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: 02<br>B. WING _____ | 12/13/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINE FORREST HOME FOR THE AGED | 312 BROAD STREET<br>REIDSVILLE, NC 27320 |

| (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<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.<br><br>Findings on December 13, 2017:<br>a. C Hall Electrical Room - there are several cable penetrations in the ceiling that are not fire caulked.<br>b. Kitchen pantry - there is an unsealed cable penetration behind the door.<br><br>2. Based on observation the facility did not maintain all plumbing equipment in an operating condition.<br><br>Findings on December 13, 2017:<br>a. C Hall Shower bathroom - the sink faucet is loose and water is leaking around the fixture.<br><br>3. Based on observation, the facility did not maintain the mechanical equipment in a safe condition.<br><br>Findings on December 13, 2017:<br>a. C Hall - the metal cover on the connector corridor heating unit was loose and sticking out creating a hazard for the residents, staff and visitors. This item was corrected at the time of survey.<br><br>4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved | C 189 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: 02<br>B. WING _____ | 12/13/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINE FORREST HOME FOR THE AGED | 312 BROAD STREET<br>REIDSVILLE, NC 27320 |

| (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<br>device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.<br><br>Findings on December 13, 2017:<br>a. A Hall Staff Lounge - there was a small table blocking the corridor door not allowing it to close. The table was moved at the time of survey.<br><br>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.<br><br>Findings on December 13, 2017:<br>a. A Hall Room 1 - the corridor door did not latch when closed.<br>b. A Hall Activity Closet - the corridor door did not latch when closed.<br>c. A Hall Laundry room - the corridor door did not latch when closed. | C 189 | | |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage; | C 199 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079079 | A. BUILDING: **02**<br>B. WING _____ | **12/13/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PINE FORREST HOME FOR THE AGED** | **312 BROAD STREET REIDSVILLE, NC 27320** |

| (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 7<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility did not maintain exhaust ventilation at the rate of two cubic feet per minute per square foot in required areas.<br><br>Findings on December 13, 2017:<br>a. A Hall Room 3 - the exhaust fan in the bathroom was not working at the time of survey. | C 199 | | |