STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL069002	A. BUILDING: **01** B. WING _____	**03/21/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF PAMLICO	**22 MAGNOLIA WAY GRANTSBORO, NC 28529**

(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 Construction Section Biennial Survey by Dennis Harrell on 3-21-2018. Records indicate this facility was licensed on 12-23-1996 for 40 beds including 12 beds in a Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I-Unrestrained, the 1994 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2005 Regulations for Adult Care Homes.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility did not meet the Building Code requirements for special locking arrangements in effect when constructed	C 101		

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C 101	Continued From page 1 or last modified. Findings include: The following locations with exits that did not unlock when the central release was utilized. a. Dining roon, b. Activity room. c. Rear exit. d. Both exits in Special Care.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: There were 3 chairs, a desk, 2 wheelchairs and a mop bucket stored in the corridor reducing the clear width to about 2.5 feet.	C 150		
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.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, an exit path was not maintained free of obstructions. Findings include; The path to the exterior exit from the dining room was obstructed with a walker, a table and 4 chairs. 2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several (4) portable medical oxygen cylinders were stored in no container at all in the closet off the Beauty Parlor.	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 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 required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the	C 189		

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C 189	Continued From page 3 possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes at wires in the ceiling of the Business office closet, b. Holes in the ceiling of the electrical room above the magnetic locking box, c. Hole in the attic smoke barrier wall above the nurse station, d. Hole at a wire in the ceiling of the Administration office, e. Sprinkler escutcheon not tightly fitted to the ceiling in the Dining room, f. Sprinkler escutcheon missing in the ceiling in the Business office closet. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The ¾ hour fire rated door to soiled linen was held open with a mechanical "kick-down." This fire rated door must be self-closing or automatic closing on activation of the fire alarm system and must automatically latch when closed. b. The ¾ hour fire rated door to the large laundry was held open with a mechanical "kick-down." c. The door to the employee lounge was held open with a mechanical "kick-down." d. There was a gap of about 3/8 inch between both sets of double doors to the Dining room. e. There was a gap of about 3/8 inch between the double doors to the Activity room. f. The door to room 103 would not latch when closed. g. The door to the Activity room was propped	C 189		

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C 189	Continued From page 4 open with a podium. h. The door to the Living room in Special Care was propped open with furniture. i. There was a hole at the latchset through the door to the utility room in Special Care .	C 189		