

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/15/2018
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570		
(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 Biennial Follow Up Construction Survey by Dennis Harrell on 6-15-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on February 14, 2018: a. Exit near Bedroom 301- a large sofa was obstructing the required six feet width of the corridor. Deficiency corrected before Construction Surveyors departed site. Findings on 6-18-2018; The obstruction in the exit near Bedroom 301 had been corrected, however, the exits at the left end of the facility and near the Great Room were obstructed down to 5 feet 1 inch of clear width by a chair, table and a sofa. Note; These obstructions were removed during the survey.	{C 150}		

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

TITLE

(X6) DATE