

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAJ.066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2018
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NAME OF PROVIDER OR SUPPLIER

PINE FOREST REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

3277 HWY 35
WOODLAND, NC 27897

(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	C 000		
	Construction Section Biennial Survey report by Frank Strickland on 08/02/2018: This facility was first licensed as a Home for the Aged serving 24 residents on 05/01/1976. Therefore, this facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code, Group D, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.			
C 189	Building Equipment Maintained Safe, Operating	C 189	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, this facility has failed in maintain the fire safety components in a safe and operating condition. Findings on 08/02/2018: The exit access corridor emergency light that is located outside Room 13 did not illuminate when tested in the emergency mode.	Completed on August 7, 2018. Battery was replaced and the emergency light is working properly. This light is located outside of Room 13 as cited in the findings.

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

Clara Byrnes, administrator

TITLE

8/27/18

(X5) DATE

STATE FORM

HEQE21

If continuation sheet 1 of 1