Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051052	A. BUILDING: 01 B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE CARE OF PRINCETON	160 HAVEN LANE PRINCETON, NC 27569

(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 Construction Section Biennial Survey report by Frank Strickland on 08/02/2018: This facility was first licensed as a Home for the Aged serving 12 residents on 05/01/1991. Therefore, this facility must meet the 1993 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code(s), Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	-Damaged closure arms have been repaired and are operating. Pictures are attached of repairs. Living room adjacent to bedroom (1) living room adjacent to med room, and bathroom 2 have all been repaired. (C189) - Had door closure company inspect all other doors to ensure all are operating and not damaged.	8/30/18
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 sare 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 to maintain the fire safety components in a safe and operating condition. Findings on 08/02/2018: The noted corridor doors have damaged closure arms preventing latching that are located at the following locations: (a) Living Room adjacent to Bedroom 1 (b) Living Room adjacent to Med Room	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alana Weavers — TITLE: Administrator — (X6) DATE: 8/30/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051052	A. BUILDING: 01 B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE CARE OF PRINCETON	160 HAVEN LANE PRINCETON, NC 27569

(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 1 (c) Bathroom #2	C 189	Plan of Correction on previous page.	