

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2019
NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910		
(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 a Biennial Follow Up Construction Survey by Suzanna Fay conducted on January 9, 2019. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, this facility has failed to maintain the outside grounds and exterior building components in a clean and safe condition. Findings on January 9, 2019: a. There are 8" diameter by 8" deep holes in the ground at the SCU outdoor courtyard that represent a trip hazard. Not all of the holes have been filled. Interview with staff revealed that they had not found some of the holes and maintenance was requested to fill the remaining holes at the time of survey.	{C 160}	The facility will maintain the outside grounds to be in a clean and safe condition by: 1. filling in the holes in the SCU courtyard to prevent injury	2/22/2019
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	{C 164}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

PJ Armstrong

Managing Member/Administrator

February 20, 2019

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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{C 166}	Continued From page 2 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. This Rule is not met as evidenced by: 1. Based on observation, this facility has failed to be maintained in a orderly manner free of all obstructions hazards. Findings on January 9, 2019: a. Oxygen bottles were not stored in racks located in the Oxygen Room-"C" HALL. All oxygen bottles were secured in racks. One of the racks is a plywood bin with circles cut to insert the bottles. The construction of the bin is unstable and does not provide a safe storage area for the bottles. Staff will contact the vendor to provide appropriate storage units. 2. Based on observation, this facility has failed to be maintained in a orderly manner free of all obstructions hazards. Findings on January 9, 2019: a. The ceiling light is not secured that is located in Dining Hall. The screws are not secure and the light hangs on one side.	{C 166}	The facility will purchase the correct rack to properly hold Oxygen bottles to provide safe storage. The facility will secure Dining Room ceiling light to prevent injury of Residents/Staff.	3/10/2019 2/22/19
{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,	{C 189}		

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{C 189}	Continued From page 3 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 to maintain the fire safety components in a safe and operating condition. Findings on January 9, 2019: a. The entry door for Rooms 8 -"A" HALL is undercut 1 1/2" at the bottom and would allow the passage of smoke and/or fire. Room 12 was also cited and has been corrected. 2. Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. One of the four cited did not illuminate on the follow up survey. Findings on January 9, 2019: The following locations have emergency wall lights that do not illuminate when tested: (a) Outside Room 9-"B" HALL 3. Based on observation, this facility has failed to maintain the building in a safe and operating condition. Findings on January 9, 2019: The doors do not latch and drag on the floor because of loose hinges at the following locations: (a) Room 13-"A" HALL did not latch (b) Room 15-"A" HALL is still dragging on the frame	{C 189}	The facility will reduce the undercut entry door in Room 8 on A Hall to protect Resident safety. The facility will illuminate the Emergency wall lights, including outside Room 9 on B Hall The facility will fixing the door Room 13 on A Hall to latch when upon closing The facility will fix door from dragging	2/28/19 2/28/19 2/28/19 2/28/19

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