STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**03/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 Construction Section Biennial Survey by Suzanna Fay conducted on March 6, 2019. Records indicate that this facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on May 13, 1988. Therefore the facility must meet the 1987 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not maintained in good repair. Findings on March 6, 2019: a. Room 109 - the veneer on the corridor door has split and peeled at the top right corner of the door. This was repaired at the time of survey. b. Linen Storage at Nurses' Station - the door hardware was loose. This was corrected at the	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**03/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 164	Continued From page 1 time of survey. c. Exit door by Break Room - the exterior veneer of the door has splintered and is peeling across the entire surface of the door.	C 164		
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. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Findings on March 6, 2019: a. Room 109 Bath - one of the towel bars has broken off leaving the sharp metal edges of the mounting bracket exposed. The towel bar was repaired at the time of survey.	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)	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**03/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 2 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on March 6, 2019: a. Dining Room - the emergency light did not illuminate on battery test. b. Service Hall - the emergency light did not illuminate on battery test. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on March 6, 2019: a. Service Hall - the conduit for the emergency light was not protected where it penetrated the ceiling. b. Diaper Storage - there is a 2" hole in the ceiling. 3. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. This could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated. Findings on March 6, 2019: a. 200 Hall Bath - the tub has a hand held spray nozzle that reaches into the tub and is not	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007001	A. BUILDING: **01** B. WING _____	**03/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	**1345 SEED TICK NECK ROAD PINETOWN, NC 27865**

(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 3 equipped with a vacuum breaker. b. Room 215 Bath - the tub has a hand held spray nozzle that reaches into the tub and is not equipped with a vacuum breaker. 4. Observations revealed that the fire safety equipment is not maintained in a safe and operating condition. Findings on March 6, 2019: a. The wall magnetic device is not secure to the wall on the right side door of the cross corridor doors at Room 101. 5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on March 6, 2019: a. Beauty Shop - there is a heavy build up of mildew on the HVAC supply vent.	C 189		