

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/02/2019
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5383 US 117 NORTH PIKEVILLE, NC 27863		
(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 4-2-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 140}	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room; This Rule is not met as evidenced by: 1. Observations revealed that soiled linens were not separated from clean linens. Findings on 4-2-2019: The door between the Clean Linen room and the laundry had been removed. There were several shelves holding clean linens and some open carts of clean linen in the laundry. There was also a large pile of soiled linens on the floor of the laundry.	{C 140}	Purchased Soiled Linen Containers and doors are functioning properly Clean Linen + Soiled Linen are now separated Clean + Soiled Linen are now separated	9 April 2019 9 April 2019 9 April 2019
{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	{C 160}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Danielle Smith

BOM/Asst Executive Director

4-16-19

STATE FORM

6899

HHVH22

If continuation sheet 1 of 3

If continuation sheet 2 of 3

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{C 164}	Continued From page 2 and the frame. Also, the door knob was loosely mounted on the door.	{C 164}		