STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054064	A. BUILDING: 01 B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

(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 Construction Survey by Chris Sluder on June 28, 2019. Records indicate this facility was first Licensed on December 29, 1963. An addition was submitted April 5, 1994 and another July 18, 1995. The facility was converted to a Special Care Unit on November 23, 2011. The facility is currently licensed for 24 beds Special Care Unit. Based on this information the facility is required to meet the 1971"Minimum and Desired Standards and Regulations - Homes for the Aged and Family Care Homes and the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, Deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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
	HAL054064	A. BUILDING: 01 B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility did not meet the NC State Building Code in effect when modified as relates to having an approved sytem of Delayed Egress locks on the facility exit doors. Findings on 06/28/2019: Observation of the exit door on the front hall by bedroom number 1 revealed the door was not equipped with the Code required sign stating (something to the effect of) 'PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND' Observation of the space next to the laundry room revealed the space was not provided with the Code required automatic fire detecting device. The NC State Building Code permits a delayed egress system of locks to be installed on the exits of a building that is protected throughout by automatic fire detection devices.	C 101	The exit door by bedroom 1 with sign "Push, this door will open in 15 seconds Alarm will sound" have been posted back on the door effective The Administrator will make weekly monitoring of all doors to ensure signs are posted on doors effective RCC will check daily doors during daily rounds to ensure sign is posted on all doors effective	7/1/19 7/1/19 7/1/19
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Interview with facility staff revealed that all of the inspection reports were not available for review.	C 111	Automatic fire detechny device has been installed in the space next to the laundry room since last year. A picture has been taken of device and attached to plan of correction	7/1/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054064	A. BUILDING: 01 B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

(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 111	Continued From page 2 Findings on 06/28/2019: Interview with facility staff revealed that all inspection reports were locked in the Administrator's office. Forms requested at time of survey include Most recent Annual Fire Alarm record of inspection and test by a qualified Fire Alarm Contractor. Most recent Sanitation inspection of the Building. Most recent Sanitation inspection of the Kitchen. Most recent Fire Marshal's inspection [a.k.a. Fire and Building Safety Inspection].	C 111	A copy of annual fire Alarm record & inspections will be placed at the Medication Aide & SIC stations for review by the state surveyors effective Please note attached copies of (1) Fire alarm record of Inspection (2) Recent Sanitation inspection of the Kitchen (3) Recent fire marshall Inspection (Fire & Building Inspection) Resident Care Coordinator would ensure all facility inspections copies are kept at supervisors station for review effective Administrator would ensure monthly that all inspections are kept at the nurses station for inspection at all times effective	7/1/19 7/2/19 7/2/19
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, 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 and testing, the facility did not maintain all of the fire safety equipment in a safe and operating condition. On site staff agreed to attempt to minimize the effect on the residents by beginning a limited Fire Watch in the	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054064	A. BUILDING: 01 B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

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C 189	Continued From page 3 area of the facility affected by the fire alarm system outage. Findings on 06/28/2019: Observation of the smoke detectors in the 'front hall' revealed that the green light on the detectors were not periodically blinking. Spraying each of the detectors on the 'front hall' with simulated smoke did nothing. Activating the pull stations on the 'front hall' also did nothing. Observation of the fire alarm panel revealed the fire alarm panel was indicating no trouble signals. Observing the smoke detectors in the 'right corridor' revealed a light on the detector would periodically blink. Spraying the detector in the 'right corridor' activated the fire alarm system. Observation of the notification devices (horns) on the 'front hall' during activation revealed the notification devices were functioning on the front hall. 2. Based on observation, not all of the Building and fire safety equipment was maintained in a safe and operating condition. This could expose occupants to smoke and fire if not contained in the room of origin. Findings on 06/28/2019 The corridor door to Room 3 was sagging and leaving a 1/8th inch gap below the door stop along the top of the door. Observation of the top hinge showed some loose fasteners. The hinge appeared to have had several previous attempts at repair. 3. Based on observation, not all of the Building and fire safety equipment was maintained in a	C 189	Front Hall / Zone 1 of the building has be checked and alarm repaired by Compulink Services see attached receipt effective _____ 7/2/19 Fire inspector of Kinston was called on 7/2/19 to evaluate effectiveness of the system of the front hall effective _____ 7/2/19 The administrator would perform monthly Quality Assurance checks to ensure all smoke detectors in all the building are functioning effective _____ 7/2/19 The corridor door to room 3 has be fixed closing the 1/8th gap below along the top of the door (see attached pictures) effective _____ 7/9/19	

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
	HAL054064	A. BUILDING: 01 B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

(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 4 safe and operating condition. This could involve the entire facility if the fire rated ceiling did not contain the fire and allowed it to spread into the combustible attic space. Findings on 06/28/2019. An approximately 2 foot by 2 foot area of ceiling on the far right of the kitchen at the intersection with the wall showed signs of water damage which was resulting in the sagging and cracking of the gypsum finish material and lowering the ceilings ability to contain fire.	C 189	Area approximately 2 feet by 2feet of ceiling at fire right of the kitchen has been repaired and painted. effective Administrator will perform monthly inspection of all the building roof to ensure any there are no damages and fix damage immediately effective Resident Care Coordinator will perform weekly checks on structures in the building to ensure any damages are repaired effective Attached are the following (1) Invoices paid (2) Copies of inspection of the building (3) Copies of fire Inspection (4) Pictures of Room beside Laundry, Kitchen, Room 3 & bathroom door	7/8/19 7/8/19 7/8/19

Food Establishment Inspection Report

Score: 95.5

Establishment Name: Care-One Memory Unit of Kinston **Establishment ID:** 060541600016

Location Address: 1406 E. Shine St

City: Kinston **State:** North Carolina

Zip: 28501 **County:** Lenoir

Permittee: Kuburat Ganiya

Telephone:

☒ Inspection ○ Re-Inspection

Wastewater System:

☒ Municipal/Community ○ On-Site System

Water Supply:

☒ Municipal/Community ○ On-Site Supply

Date: 5/29/19 Status Code: A

Time In: 09:00 Time Out:

Category#: 4

FDA Establishment Type: IFS

No. of Risk Factor/Intervention Violations:

No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Compliance Status				OUT	CDI	R	VR
Supervision .2652							
1	IN OUT N/A	PIC Present; Demonstration - Certification by accredited program & performs duties	2 / 0				
Employee Health .2652							
2	IN OUT	Management, employees knowledge; responsibilities & reporting	3 / 1.5 / 0				
3	IN OUT	Proper use of reporting, restriction & exclusion	3 / 1.5 / 0				
Good Hygienic Practices .2652, .2653							
4	IN OUT	Proper eating, tasting, drinking or tobacco use	2 / 1 / 0				
5	IN OUT	No discharge from eyes, nose or mouth	1 / 0.5 / 0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
6	IN OUT	Hands clean & properly washed	4 / 2 / 0				
7	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3 / 1.5 / 0				
8	IN OUT N/A	Handwashing sinks supplied & accessible	2 / 1 / 0				
Approved Source .2653, .2655							
9	IN OUT	Food obtained from approved source	2 / 1 / 0				
10	IN OUT N/O	Food received at proper temperature	2 / 1 / 0				
11	IN OUT	Food in good condition, safe & unadulterated	2 / 1 / 0				
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	2 / 1 / 0				
Protection from Contamination .2653, .2654							
13	IN OUT N/A N/O	Food separated & protected	3 / 1.5 / 0				
14	IN OUT	Food-contact surfaces: cleaned & sanitized	3 / 1.5 / 0	X	X		
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2 / 1 / 0				
Potentially Hazardous Food Time/Temperature .2653							
16	IN OUT N/A N/O	Proper cooking time & temperatures	3 / 1.5 / 0				
17	IN OUT N/A N/O	Proper reheating procedures for hot holding	3 / 1.5 / 0				
18	IN OUT N/A N/O	Proper cooling time & temperatures	3 / 1.5 / 0				
19	IN OUT N/A N/O	Proper hot holding temperatures	3 / 1.5 / 0				
20	IN OUT N/A N/O	Proper cold holding temperatures	3 / 1.5 / 0	X			
21	IN OUT N/A N/O	Proper date marking & disposition	3 / 1.5 / 0				
22	IN OUT N/A N/O	Time as a public health control: procedures & records	2 / 1 / 0				
Consumer Advisory .2653							
23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 / 0.5 / 0				
Highly Susceptible Populations .2653							
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 / 1.5 / 0				
Chemical .2653, .2657							
25	IN OUT N/A	Food additives: approved & properly used	1 / 0.5 / 0				
26	IN OUT N/A	Toxic substances properly identified stored & used	2 / 1 / 0				
Conformance with Approved Procedures .2653, .2654, .2658							
27	IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2 / 1 / 0				

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status				OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658							
28	IN OUT N/A	Pasteurized eggs used where required	1 / 0.5 / 0				
29	IN OUT	Water and ice from approved source	2 / 1 / 0				
30	IN OUT N/A	Variance obtained for specialized processing methods	1 / 0.5 / 0				
Food Temperature Control .2653, .2654							
31	IN OUT	Proper cooling methods used; adequate equipment for temperature control	1 / 0.5 / 0				
32	IN OUT N/A N/O	Plant food properly cooked for hot holding	1 / 0.5 / 0				
33	IN OUT N/A N/O	Approved thawing methods used	1 / 0.5 / 0				
34	IN OUT	Thermometers provided & accurate	1 / 0.5 / 0				
Food Identification .2653							
35	IN OUT	Food properly labeled: original container	2 / 1 / 0				
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
36	IN OUT	Insects & rodents not present; no unauthorized animals	2 / 1 / 0				
37	IN OUT	Contamination prevented during food preparation, storage & display	2 / 1 / 0				
38	IN OUT	Personal cleanliness	1 / 0.5 / 0				
39	IN OUT	Wiping cloths: properly used & stored	1 / 0.5 / 0			X	
40	IN OUT N/A	Washing fruits & vegetables	1 / 0.5 / 0				
Proper Use of Utensils .2653, .2654							
41	IN OUT	In-use utensils: properly stored	1 / 0.5 / 0				
42	IN OUT	Utensils, equipment & linens: properly stored, dried & handled	1 / 0.5 / 0				
43	IN OUT	Single-use & single-service articles: properly stored & used	1 / 0.5 / 0				
44	IN OUT	Gloves used properly	1 / 0.5 / 0				
Utensils and Equipment .2653, .2654, .2663							
45	IN OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2 / 1 / 0				
46	IN OUT	Warewashing facilities: installed, maintained & used; test strips	1 / 0.5 / 0				
47	IN OUT	Non-food contact surfaces clean	1 / 0.5 / 0				
Physical Facilities .2654, .2655, .2656							
48	IN OUT N/A	Hot & cold water available; adequate pressure	2 / 1 / 0				
49	IN OUT	Plumbing installed; proper backflow devices	2 / 1 / 0				
50	IN OUT	Sewage & waste water properly disposed	2 / 1 / 0				
51	IN OUT N/A	Toilet facilities: properly constructed, supplied & cleaned	1 / 0.5 / 0				
52	IN OUT	Garbage & refuse properly disposed; facilities maintained	1 / 0.5 / 0				
53	IN OUT	Physical facilities installed, maintained & clean	1 / 0.5 / 0				
54	IN OUT	Meets ventilation & lighting requirements; designated areas used	1 / 0.5 / 0				
		TOTAL DEDUCTIONS:		4.5			

Comment Addendum to Food Establishment Report

Establishment Name: Care-One Memory Unit
Location Address: 1406 E Shine St
C. Kinston
County: Lenoir
State: NC
Zip: 28501
Wastewater System: ⊗ Municipal/Community ○ On-Site System
Water Supply: ⊗ Municipal/Community ○ On-Site Supply
Permittee: Kubarat Ganiya
Telephone:

Establishment ID: 060540100016
⊗ Inspection ○ Re-Inspection
○ Visit
○ Verification
○ Name Change
○ Status Change
○ Pre-Opening Visit
○ Other

Date: 5/29/19
Status Code: A
Category#: 4

Temperature Observations

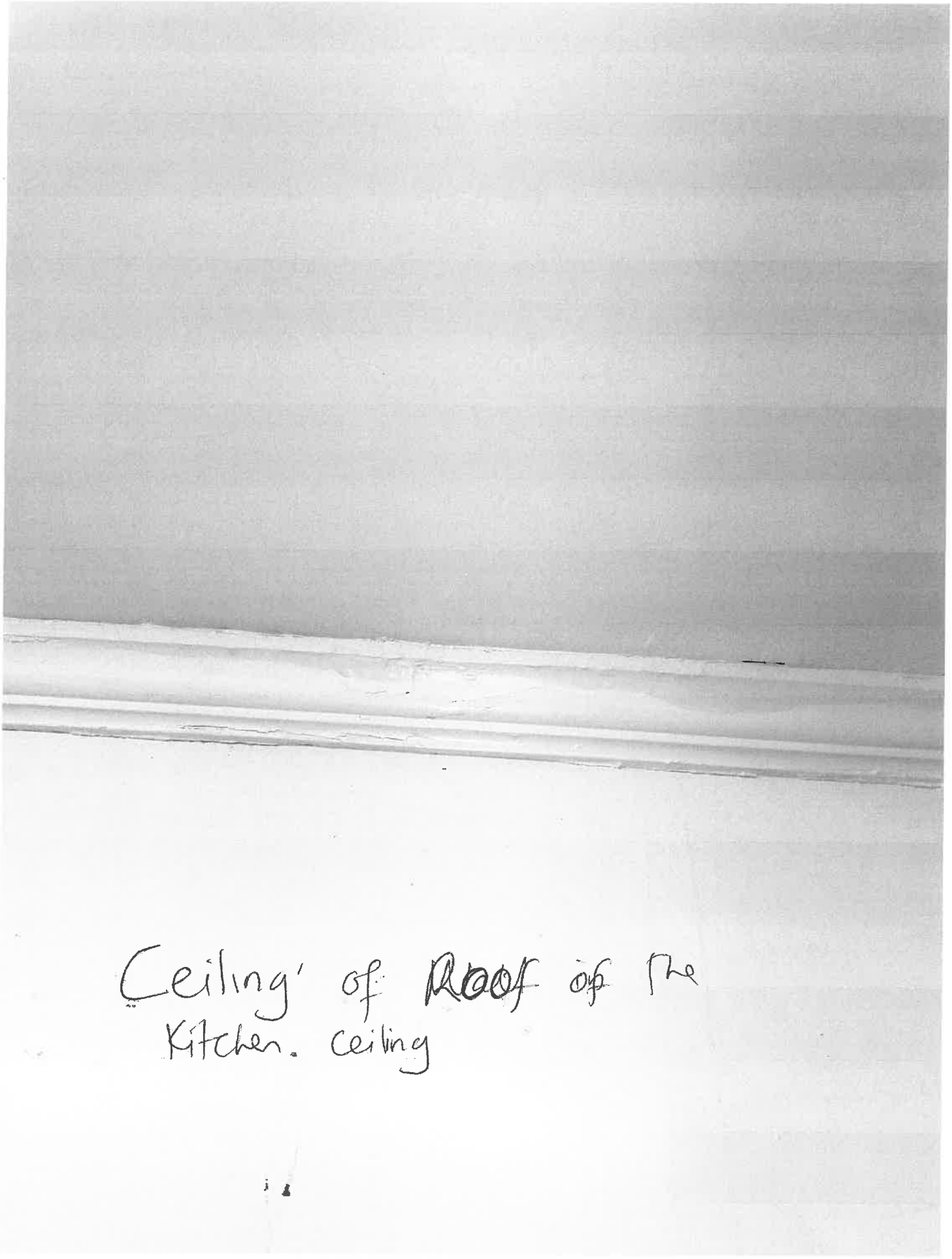
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
pork chop/RI	41°-43°	Spaghetti/RI	40°	Reach-in	41°

Observations and Corrective Actions

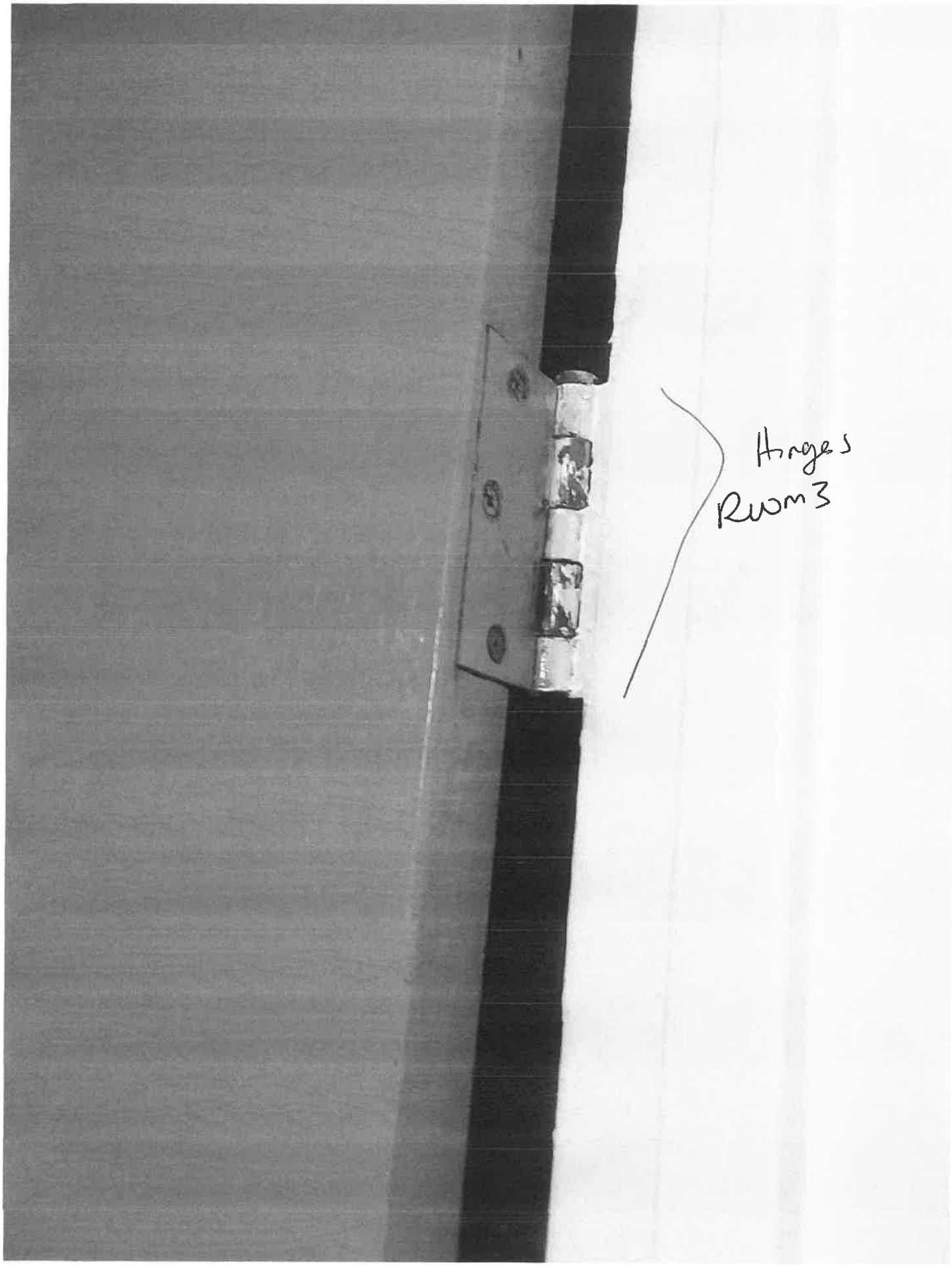
Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
14)	4-601.11(A)-some dishes, cups, and utensils were visibly dirty. Ensure that all food-contact surfaces are washed, rinsed, and sanitized thoroughly.
20)	3-501.16(A)(2)-pork chops were. 48°-43°. Food shall be held at 41° or lower. Ensure foods are cooled properly.
39)	3-304.14-~~water~~ Sanitizer in wiping cloth bucket was soiled (cloudy) and had dish detergent in it. Store wiping cloths in sanitizer only and change when needed.
53)	6-501.11- hole that has been patched above hand sinks still need some repair. 6-501.12- Floor beside/around stove needs additional cleaning.
54)	6-202.11- light shield/cover in dry food closet missing. Needs to be replaced.

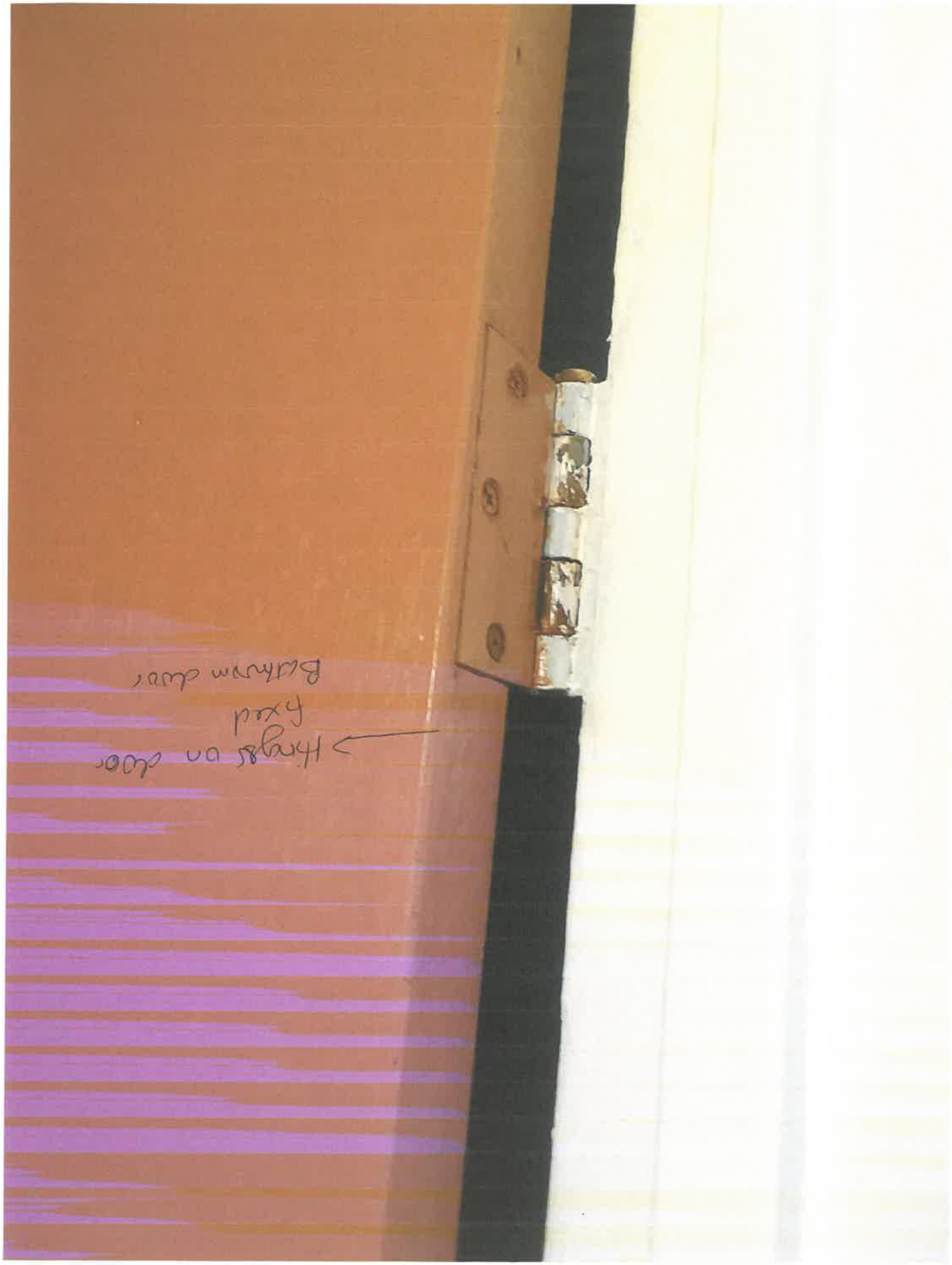
Person in Charge (Print & Sign): Veta Weddington Veta Weddington
Regulatory Authority (Print & Sign): Luke Baird Luke Baird

Verification Required Date: N/A
REHS ID: 2500
REHS Contact Phone Number: (252) 526-4248 Ext. 7258



Ceiling of Roof of the Kitchen. ceiling


Hinges
Room 3


Hinge on door
→
fixed
Bathroom door

Picture of Smoke Detector Beside the Laundry Room

KINSTON
401 E Vernon AVE
Kinston, NC 28502

Kinston No Violation Notice

Tuesday July 2, 2019

Care One Memory Unit of Kinston
1406 E Shine ST
Kinston, NC 28501

Inspection Type: 221 INSPECTION - Fire Alarm
An inspection of your facility on Tuesday July 2, 2019 revealed no violations to the Fire Code of the City of Kinston.

Thank you for your cooperation.

Kearney, Brock /Fire Inspector
Inspector

WOLF SECURITY SERVICES
TEAR CRIME TO PIECES

P.O. Box 1353 • Kinston, NC 28503
910-324-6763 • wolfservices@suddenlink.net

May 23, 2019

Trinity Manor Assisted
1406 E. Shine St.
Kinston, NC 28501

This letter is to certify that the fire alarm system at the above address was inspected and tested on May 23, 2019 in accordance with NFPA-72 and found to be in proper working order.

The following devices were tested and passed inspection:

- Firelite Control Panel – MS-5024
  - Backup batteries
  - Power limiting circuits
  - Trouble circuits
  - Digital Communicator

- Initiating Devices
  - Smoke Detectors
  - Pull Stations
  - Heat Detectors

- Local Notification Devices
  - Photo Strobes
  - Photo Strobe Horn

Sincerely,

James E. Casper,
Owner

WOLF SECURITY SERVICES

TEAR CRIME TO PIECES

P.O. Box 1353
Kinston, NC 28503
252-520-9201
wolfservices@suddenlink.net

DATE 2 July 19

NAME: Call our Trinity Manor

ADDRESS: 1406 E Shine St
Kinston NC 28501

PHONE:

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Pull station		85.00

* *All unpaid balances will be charged 1.5 % interest per month.*

	SUBTOTAL	85.00
6.75%	SALES TAX	5.95
	LABOR	75.00
	TOTAL	$165.95

LANDLINE MONITORING:	$17/MTH	$187/YR
CELL PHONE MONITORING:	$20/MTH	$220/YR

CompuLink
2505 Edgemont Rd
Wendell, NC 27591 US
(919)868-7354
b.allen@clink.net
http://www.clink.net

Invoice

BILL TO
Kuburat
Trinity Manor - Care One
1406 E.Shine St.
Kinston, NC 28501

INVOICE # 1166
DATE 07/02/2019
DUE DATE 07/02/2019
TERMS Due on receipt

ACTIVITY	AMOUNT
Sales Service Call to repair "Zone 1" of Fire Alarm System. Re-route cable between FACP and device 1, re-install pull station in office. Tested	0.00
Sales Change codes on 6 doors on delayed egress system.	0.00
Labor	368.00

BALANCE DUE **$368.00**