STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: 01 B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 1 operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that in the hall bathroom there were several deficiencies as follows: a.) the toilet was not secured to the floor b.) the shower head escutcheon was not secured and flush to the wall c.) the tub faucet will not shut off d.) the GFCI receptacle will not reset e.) the vanity light is burnt out This is not compliant with the rule. Take the necessary steps to secure the toilet to the floor, secure the shower head escutcheon to the wall, repair or replace the tub faucet, repair or replace the GFCI receptacle and replace the vanity light bulb. 2.) At the time of the survey it was observed that in the kitchen the GFCI receptacle was not wired properly. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI receptacle. 3.) At the time of the survey it was observed that the smoke detector in bedroom #2 was chirping due to a low voltage battery. This is not compliant with the rule. Take the necessary steps to replace the battery in the smoke detector. 4.) At the time of the survey it was observed that the door will not latch for bedroom #3. This is not compliant with the rule. Take the necessary steps to repair the door so that it will latch. 5.) At the time of the survey it was observed that in bedroom #4 there is a throw rug. This is not	C 174		

10/18/19

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
	FCL008030	A. BUILDING: 01 B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 2 compliant with the rule. Take the necessary steps to remove the throw rug. 6.) At the time of the survey it was observed that throughout the home there is missing or burnt out light bulbs. This is not compliant with the rule. Take the necessary steps to replace the missing or burnt out light bulbs. 7.) At the time of the survey it was observed that the return air filter needs to be replaced. This is not compliant with the rule. Take the necessary steps to replace the air filter. 8.) At the time of the survey it was observed that the following deficiencies are in the staff bedroom: a.) the window size is not adequate for emergency egress b.) the door does not have a door handle This is not compliant with the rule. Take the necessary steps to replace the window so that there is adequate size for emergency egress and replace the dead bolt lock with a door handle. 9.) At the time of the survey it was observed that in the rear storage room next to the office were the following deficiencies: a.) there is a hole in the wall in the far right corner as you enter the room b.) the floor is soft in front of the table c.) there is a space heater on the table This is not compliant with the rule. Take the necessary steps to repair the hole in the wall, repair the floor and remove the space heater from the house. 10.) At the time of the survey it was observed that the following deficiencies were in the rear bathroom:	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: 01 B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 3 a.) the toilet is not secure to the floor b.) the controls are missing for the shower/tub faucet c.) the shower head escutcheon is not secure to the wall d.) the controls are missing for the sink faucet e.)the vanity light is out f.) the wall heater control knob is missing g.) the exhaust fan needs to be cleaned h.) the vanity cabinet door does not close This is not compliant with the rule. Take the necessary steps to secure the toilet to the floor, repair or replace the shower/tub faucet, secure the shower head escutcheon to the wall, repair or replace the sink faucet, replace the light bulbs, repair or replace the wall heater control knob, clean the exhaust fan cover, repair or replace the vanity cabinet door. 11.) At the time of the survey it was observed that the baseboard heat thermostat controls are missing throughout the home. This is not compliant with the rule. Take the necessary steps to replace the thermostat controls. 12.) At the time of the survey it was observed the floor covering was damaged throughout the home. This is not compliant with the rule. Take the necessary steps to repair or replace the damaged floor coverings. 13.) At the time of the survey it was observed that there is not an appropriate call system. This is not compliant with the rule. Take the necessary steps to install an appropriate call system. 14.) At the time of the survey it was observed that the hall bath exhaust vent was disconnected in the attic. This is not compliant with the rule. Take the necessary steps to connect the hall bath	C 174		

Vandell CJ 10/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: 01 B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 4 exhaust vent to discharge to the outside of the house. 15.) At the time of the survey it was observed that the roof sheathing at the hall bathroom plumbing vent is damaged by a water leak. This is not compliant with the rule. Take the necessary steps to replace the roof sheathing. 16.) At the time of the survey it was observed that several smoke detectors did not work properly. This is not compliant with the rule. Take the necessary steps to repair or replace the smoke detectors. 17.) At the time of the survey it was observed that in the Bedroom #1 bathroom the toilet is not secure to the floor. This is not compliant with the rule. Take the necessary steps to secure the toilet to the floor. 18.) At the time of the survey it was observed that several window screens were missing or damaged. This is not compliant with the rule. Take the necessary steps to repair or replace the window screens. 19.) At the time of the survey it was observed that the door for bedroom #1 does not latch. This is not compliant with the rule. Take the necessary steps to repair or replace the door so that it will latch. 20.) At the time of the survey it was observed that there is not access to the attic space above the rear addition of the house to verify that a heat detector is properly installed and other safety issues are compliant. This is not compliant with the rule. Take the necessary steps to provide access to the attic.	C 174		

10/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: 01 B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 5 21.) At the time of the survey it was observed that there is a hole in the ceiling of the closet in the office. This is not compliant with the rule. Take the necessary steps to repair the hole. 22.) At the time of the survey it was observed that there is not proper access to the crawl spaces. This is not compliant with the rule. Take the necessary steps to install proper access doors for the crawl spaces. 23.) At the time of the survey it was observed that the following deficiencies were in the outside storage room: a.) wall covering missing b.) axe head c.) sledge hammer d.) the door was not secured This is not compliant with the rule. Take the necessary steps to install an appropriate wall covering, remove the axe head and sledge hammer or secure the door with a lock. 24.) At the time of the survey it was observed that there is chipping paint on the carport posts, window seals, and ramps. This is not compliant with the rule. Take the necessary steps to remove the chipping paint and then paint these areas. 25.) At the time of the survey it was observed that there are not night lights used in the house. This is not compliant with the rule. Take the necessary steps to install night lights. 26.) At the time of the survey it was observed that an utility extension cord is being used as permanent wiring. This is not compliant with the rule. Take the necessary steps to remove the extension cord and install appropriate permanent	C 174		

10/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: 01 B. WING	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 174	Continued From page 6 wiring.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: At the time of the survey it was observed that the front steps have a hand rail only on the left side. This is not compliant with the rule. Take the necessary steps to install a hand rail on the right side.	C 183		

Rachel Cp. 10/18/19

Pathways Biennial Survey

C. 174. 1. a. Toilet has been secured to floor as of 10/18/2019. Picture included. Staff will monitor toilet daily to ensure it is secure to the floor. Supervisor will contact plumber immediately to secure commode to floor. Documented on check list to ensure task has been completed.

b. The shower head escutcheon has been secured and flushed to the wall as of 10/18/2019. Picture included. Staff will monitor shower weekly to ensure that the escutcheon is secured and flushed to the wall. Supervisor will contact plumber if or when shower escutcheon is not secure or flushed to the wall. Documented on check list to ensure task has been completed.

c. The tub faucet has been shut off as of 10/14/2019. Picture included. Staff will monitor tub daily to ensure that the tub faucet is shut off. Supervisor will cut off water in tub, if they are unable. Supervior will contact plumber to ensure water is not running. Documented on check list to ensure task has been completed.

d. The GFCI receptacle will now reset as of 10/25/2019. Picture included. Staff will monitor GFCI receptacle weekly to ensure they will reset. Supervisor will contact Electrician if GFCI will not reset. Documented on check list to ensure task has been completed.

e. The vanity light has been replaced as of 10/14/2019. Picture included. Staff will monitor vanity light in the bathroom daily to ensure it is working. Staff will replace light at the time it is discovered that it is not working. Supervisor will ensure light bulbs are stocked in the facility. Documented on check list to ensure task has been completed.

2. The GFCI receptacle in the kitchen has been wired properly as of 10/25/2019. Staff will monitor GFCI receptacle weekly to ensure they will is working properly. Supervisor will contact Electrician if GFCI receptacle is not working properly. Documented on check list to ensure task has been completed.

3. Smoke detector in bedroom #2 no longer chirping. Battery has been replaced as of 10/14/2019. Staff will listen and report any smoke detectors that are chirping to Supervisor at the time it has been discovered. Supervisor will replace battery immediately in smoke detectors to ensure safety. Supervisor will monitor smoke detectors monthly to ensure they are operating correctly. Documented on check list to ensure task has been completed.

4. The door correctly latches in bedroom #3 after replacing door knob as of 10/18/2019. Staff will monitor doors weekly to ensure they latch properly. Supervisor will contact carpenter to replace door knobs that do not latch properly. Documented on check list to ensure task has been completed.

5. Staff asked client to remove throw rug from his room floor to prevent any falls. Throw rug removed as of 10/14/2019. Staff will monitor client's bedroom daily to ensure that the throw rug has not been placed back on floor. Documented on check list to ensure task has been completed.

Vanderbilt 10/18/19