

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2020
NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320		
(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 Ed Miller, conducted on January 9, 2020. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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. Based on record review, and interview with Maintenance Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 9, 2020: a. The current fire alarm annual inspection and test in accordance with NFPA 72, is still not available for review by the Surveyor.	{C 111}		
{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	{C 189}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2020
NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320		
(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 1 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room or of origin. Findings on January 9, 2020: b. B Wing Corridor near Bedroom 22 - there is a 2-inch diameter hole covered with drywall tape, not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 11. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on January 9, 2020: c. C Wing Half Bedroom 5 - the corridor door still has a large reclining chair holding the door open. The deficiency was again corrected before Construction Surveyors departed site.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2020
NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320		
(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 199}	Continued From page 2 these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 2. . Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on January 9, 2020: c. B Wing Women - the exhaust ventilation system is running but is not moving any air.	{C 199}		