PRINTED: 01/11/2024
FORM APPROVED

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
	HAL096029	A. BUILDING: 01 B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER
SUTTON'S RETIREMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
4258 HWY 13 NORTH
GOLDSBORO, NC 27534

(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 Tod Hancock conducted on December 12, 2023. Records indicate this facility was first licensed on October 1, 1971. The facility is currently licensed for 40 Beds after two additions. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited which require a plan of corrections.	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 staff, 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 December 12, 2023: a. There were no records available to indicate the Fire Marshall had inspected the facility. b. There were no records available to indicate the Fire Alarm system had been inspected.	C 111	Fees have been paid and fire marshall will be scheduled to come. Fire Alarm has be inspected, report attatched.	1/27/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kneth S Fun

TITLE
Administrator

(X6) DATE
1-27-24

STATE FORM 6899 EKJL21

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER: SUTTON'S RETIREMENT CENTER

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C 189	Continued From page 1	C 189		
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 the facility is not maintaining the electrical components in a safe condition. Findings on December 12, 2023: a. Kitchen- There are multiple breakers missing from the panel allowing ready access to energized components. 2..Based on observation, the building was not maintained in a safe operating condition, because the portable fire extinguishers lacked the routine inspections documentation required to ensure a proper performance. Failure to maintain fire safety equipment could effect occupants of the facility if the equipment does not function to suppress a fire. Findings on December 12, 2023: a. There was no documentation of the required monthly fire extinguishers inspections.	C 189	Electrical Components have been covered with blanks where no breakers are present Fire Extinguishers have been inspected + will be documented every month.	1/27/24 1/27/24