

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/20/2023
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NAME OF PROVIDER OR SUPPLIER

PINECREST GARDENS

STREET ADDRESS, CITY, STATE, ZIP CODE

**1984 OLD US 421
LILLINGTON, NC 27546**

(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 Construction Section Biennial Follow Up Survey report by Tod Hancock conducted on November 20, 2023. Deficiencies have been cited and a Plan of Correction is required.	{C 000}		
{C 162}	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Based on observation the facility does not have the required lighting along the outdoor walkways. Findings on November 20, 2023: a. The emergency egress path at the rear of the facility is not illuminated. Interviews with staff indicated that Duke Power should be installing the light in 60 days.	{C 162}	<i>The light was installed on Jan 3rd by Duke Energy.</i>	

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

STATE FORM

TITLE

(X6) DATE

Christina Bailey

Manger

2/9/2024

6899

HYEE22

If continuation sheet 1 of 1