PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 185	Continued From page 2 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have records of rehearsals conducted quarterly on each shift and the available records did not provide a short description of what the rehearsal involved. Findings on November 16, 2023: a. There was not a record of a fire rehearsal conducted on the second or third shift of third quarter of 2023. b. There was not a short description of what the rehearsal involved provided on any of the rehearsal logs.	C 185	Fire drills shall be conducted quarterly on all shifts to include short description of what the rehearsal involved. Resident care coordinator shall be responsible for scheduling drills and ensuring documentation is maintained and available for review. Administrator shall check and review reports to ensure rule is met every 3 months	2-1-24
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.	C 188	Bathroom outlets in light fixture were disabled previously when GFI outlets were installed. However outlets are now covered to further prevent use.	1-10-23

PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 stopped in August. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 16, 2023: a. Room 1 - there is an unsealed cable penetration over the television. b. Kitchen - the conduits for the fire suppression system at the corridor wall and behind the hood are not sealed as they penetrate the ceiling. c. Room 6 - there is an unsealed cable penetration at the television. d. Housekeeping Closet - there are three unsealed pvc pipe penetrations in the ceiling. 3. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on November 16, 2023: a. Room 1 Shared Bath - the toilet is not secure to the floor. 4. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Loose seats can cause injury from a slip or fall. Findings on November 16, 2023: a. Men's Toilet Room - the seat on the far toilet is loose.	C 189	equiptmet is in safe and operating condition.	

PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 195	Continued From page 5	C 195		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the hot water temperature at all fixtures used by resident was not maintained at a minimum of 100 degrees F and a maximum of 116 degrees F. Findings on November 16, 2023: a. The water temperature in the Women's Toilet Room was 98 degrees F.	C 195	water temperature shall be adjusted to maintain hot water at 100°F and not to exceed 116°F. Resident care coordinator shall maintain monthly water temperature logs to ensure temperature are maintained within set parameters. Administrator shall follow up quarterly to ensure logs are being maintained and water temperature checks are performed.	

PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 Construction Section Biennial Survey by Suzanna Fay conducted on November 16, 2023. Records indicate that this facility was licensed on January 1, 1979 as a Home for the Aged for a capacity of (23) Twenty- Three Residents. Based on the above information, the facility was surveyed under the 1978 North Carolina State Building Code - Section 409- Institutional Occupancy; the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a 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. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings on November 16, 2023: a. The most recent Fire Alarm System inspection report available was dated October 19, 2021.	C 111	Fire inspection scheduled and completed. We have been placed on scheduled inspection for future required inspections. Administrator shall follow up with Resident Care Coordinator 30 days prior to next inspection date to ensure that facility is scheduled to be completed prior to annual inspection Date.	11-22-2

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Administrator 2-20-24

PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 164	Continued From page 1	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and floors were not kept clean and in good repair. Findings on November 16, 2023: a. Room 1/3 Shared Bath - the bathroom door frames are rusted and damaged along the bottom of the door.. b. Room 1 Shared Bath - the bathroom door is tight in the frame and very difficult to open. c. Men's Toilet Room - the base tiles at the side and end of the first low divider wall are broken off. d. Tub/Shower Room by Room 8 - the floor vent is bent and damaged created a trip hazard. 2. Observations revealed that the furnishings were not kept in good repair. Findings on November 16, 2023: a. The short handrail between the Employee's Bath and the Housekeeping closet is loose.	C 164	Bathroom door frame sanded and painted. Door adjusted to open freely. Tiles on divider wall replaced floor vent replaced in shower room. Handrail in hall tightened and secure to wall. Administrator shall do monthly walkthroughs for visual checks to ensure that furnishings are in good repair and clean. Housekeeping has been notified to report to Administrator and items in need of repair.	12-24-23
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

PRINTED: 12/21/2023
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
	HAL026052	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 188	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation not all electrical outlets in wet locations at sinks, bathrooms and outside of building have functioning ground fault interrupters. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on November 16, 2023: a. Toilet Rooms - the existing light fixtures have built-in electrical outlets that are not GFCI protected and are not covered to prevent use.	C 188		
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 fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on November 16, 2023: a. The monthly in-house inspections for the fire extinguisher by the washing machine room	C 189	Fire extinguishers have all been inspected and checked off; Fire caulk has been applied to areas outlined in report all have been sealed with approved fire caulk. Toilets that were identified as loose have been tightned down with new wax ring and bolt kits. Toilet seat replaced where needed. Housekeeping has been informed to report any items in need of repair to be reported to Administrator. Administrator shall follow up with Housekeeping and do monthly check to ensure building	2-1-24

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 21, 2023
Gedarin Robinson, Owner/Administrator (via email only)
P. O. Box 35534
Fayetteville, NC 28303

RE: Valley Pine Adult Care – ACH Biennial Survey
2521 Muriel Drive
Fayetteville (Cumberland County)
FID #920549

Dear Mr. Robinson:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on November 16, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to