STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051052	A. BUILDING: 01 B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE CARE OF PRINCETON	160 HAVEN LANE PRINCETON, NC 27569

(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 Ed Miller, conducted on September 26, 2024. This facility was first licensed as a Home for the Aged serving 12 residents on May 1, 1991. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code(s), Institutional Occupancy. 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. Based on observation, the building fire alarm system did not meet the NC State Building Code at the time of initial Licensing or alterations. This would affect all by not providing early detection, and activation. Findings on September 26, 2024: a. Med Room - the fire alarm system does not have detection in this room. b. Freezer Room - the fire alarm system does not have detection in this room. c. Nurse Station - the fire alarm system does not have detection in this room.	C 111	Contacted BFPE Alarms to have detetors installed in med room, freezer room, and nurse station.	Expected to be completed by 1/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alan Miller — TITLE: Administrate — (X6) DATE: 11/15/24

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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. Based on observation, the lighting system was not kept in good repair. Findings on September 26, 2024: a. Dining - the diffuser shades for the room light fixtures were missing. b. Bedroom 6 - the diffuser shade for the room light fixture was missing.	C 164	Shades have been put back on light fixtures in dining. Shade is back on bedroom 6 light fixture	11/15/24 11/15/24
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 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	C 185		

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C 185	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with the Director the facility was not conducting fire rehearsals quarterly on each shift. Findings on September 26, 2024: a. During the 1st quarter of the last 12 months, no rehearsal occurred on the 2nd shift. b. During the 2nd quarter of the last 12 months, no rehearsal occurred on the 3rd shift. c. During the 4th quarter of the last 12 months, no rehearsal occurred on the 3rd shift	C 185	Plan of Correction: Fire drills are being conducted on all shifts and documented.	11/15/24
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection, and activation. Findings on September 26, 2024: a. Living Room - the fire alarm system's smoke detector has dropped from the ceiling and was held up by the devices circuit conductors. 2. Based on observations, the building fire	C 189	Smoke detector in living room is fixed to ceiling.	11/15/24

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C 189	Continued From page 3 safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on September 26, 2024: a. Isolation Room - there was an opening between the fire-resistance-rated ceiling and the base of the HVAC grille not firestopped as it penetrated the fire-resistance-rated ceiling assembly. b. FACP Room - there was a cable penetration sealed with orange foam. This orange foam is not approved for penetration through fire-resistance-rated construction. 3. Based on Observation, the corridor door WAS not maintained in a safe and operating condition. Doors were 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 September 26, 2024: a. Bistro - a door wedge was holding the corridor door open.	C 189	HVAC grill in isolation room has been fixed to ceiling. FACP room - will consult with BFPE regarding correct sealant for cable penetration and have it fixed. All door wedges have been removed from facility and staff educated on safety and not holding doors open.	11/15/24 5/1/25 11/15/24