

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL069002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF PAMLICO		STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY GRANTSBORO, NC 28529		
(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 Follow-Up Complaint survey was conducted by Ryan Meyer April 23, 2025. All deficiencies have not been corrected, which requires a Plan of Correction.	{C 000}		
{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 there is failure to maintain the facility's fire safety equipment in a safe and operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on February 11, 2025: a. The fire alarm panel located at the nurses station is indicating supervisory and trouble due to the panel having electrical issues. This leaves the rear half of the facility unprotected. The facility is on fire watch.	{C 189}		

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

TITLE

(X6) DATE