

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334		
(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 Tod Hancock conducted on April 8, 2025. This facility was first licensed as a Home for the Aged with a capacity of (65) Sixty-Five Residents on or about July 1, 1978. Therefore, the facility must meet the 1967 North Carolina State Building Code - Institutional Occupancy; the 1977 Minimum Standards and Regulations for Homes for the Aged; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were noted which 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 an interview with the Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on April 8, 2025: a. A copy of the current fire alarm system inspection report was not available for review.	C 111	All reports are current and in the facility and available for review. Administrator and/or designee will maintain a file with all current inspections available for review at all times.	5/9/25

Division of Health Service Regulation

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

TITLE

(X6) DATE

Rachel Reynolds

Office Manager

4/29/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334		
(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 166	Continued From page 1	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 8, 2025: a. Laundry-Oxygen Storage Room- There are several unsecured oxygen bottles on the floor.	C 166	Administrator and/or designee will complete a walk through of the facility to ensure all oxygen is stored properly and empty tanks returned promptly weekly x 4 weeks then monthly ongoing. All empty oxygen tanks were returned on 4/23/25.	5/16/25 4/23/25
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	C 185	Admin and/or designee will maintain a file which holds all fire drills. Fire drills will be conducted quarterly on each shift.	5/16/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334		
(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 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 the facility did not have a record of fire rehearsals being conducted quarterly on each shift. Findings on April 8, 2025: a. There were no records available to indicate that Fire Drills had been conducted.	C 185		
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 buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on April 8, 2025: a. Near Room 104- The Emergency light did not illuminate when tested. b. Near Room 110- The Emergency light did not illuminate when tested. 2. Based on observation, there is a failure to	C 189	Admin and/or designee will test all emergency lights monthly to ensure they are working properly. Emergency lights repaired on 4/22/25.	5/26/25 4/22/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334		
(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 3 maintain the fire safety systems in a safe and operable condition. Findings on April 8, 2025: a. Rear Exit- The fire alarm pull station is missing an activation mechanism. 3. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings on April 8, 2025: a. Kitchen- The ice machine drain does not have a 2" air gap.	C 189	Fire Protection assessed the fire alarm pull station. An activation mechanism has been ordered. A brick was placed under the drain to create the 2' air gap.	5/22/25 4/17/25