STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: 01 B. WING _____	C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE OF JACKSONVILLE	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 Complaint survey was conducted by Ryan Meyer June 9, 2025. The complaint alleged the facility had removed numerous hand washing sinks in residents rooms where there are toilets.. Records indicate this facility was first licensed as a Home for the Aged on November 11, 1979. It is currently licensed for 32 beds. Therefore, this facility was surveyed using the 1978 N.C. State Building Code Volume I-section 409, the 1977 Minimum Standards and Regulations for Homes for the Aged and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. The complaint has been substantiated. Deficiencies were cited which require a Plan of Correction.	C 000		
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health,	C 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: **01** B. WING _____	C **06/09/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE OF JACKSONVILLE	**1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540**

(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 110	Continued From page 1 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: Based on observation and record review the facility sanitation does not comply with the rules of the North Carolina Division of Environmental Health, specifically 15A NCAC 18A .1312(d) requiring handwashing facilities. Findings on June 9, 2025: a. Observation of several resident rooms with a connected personal bathroom revealed there was a toilet but no hand sink in the bathroom or bedroom. Review of the Health Department inspection report dated May 29, 2025 revealed the Environmental Health Specialist also observed this condition.	C 110		