

Division of Health Service Regulation

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                                                                          |                                                                    |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL051065</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/17/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE LANDINGS OF SMITHFIELD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 KELLIE DRIVE<br/>SMITHFIELD, NC 27577</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                               | Initial Comments<br><br>Report of a Construction Section Biennial<br>Follow-Up Survey by Suzanna Fay conducted on<br>June 17, 2025.<br><br>All deficiencies cited previously have not been<br>corrected. Therefore a Plan of Correction is<br>required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 000}                                                                                   |                                                                                                                          |                                                                    |
| {C 195}                                                               | Hot Water System<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(d) The hot water system shall be of such size to<br>provide an adequate supply of hot water to the<br>kitchen, bathrooms, laundry, housekeeping<br>closets and soil utility room. The hot water<br>temperature at all fixtures used by residents shall<br>be maintained at a minimum of 100 degrees F<br>(38 degrees C) and shall not exceed 116 degrees<br>F (46.7 degrees C).<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>2. Based on observation the facility is not<br>maintaining hot water temperatures within the<br>range of 100 to 116 degrees Fahrenheit.<br><br>Findings on June 17, 2025:<br>a. There are still issues with the hot water<br>temperatures running low. The hot water<br>temperature throughout the facility is<br>approximately 88 degrees Fahrenheit. | {C 195}                                                                                   |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                                                                                          |                                                                    |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL051065</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/17/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE LANDINGS OF SMITHFIELD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 KELLIE DRIVE<br/>SMITHFIELD, NC 27577</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 199}                                                               | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {C 199}                                                                                   |                                                                                                                          |                                                                    |
| {C 199}                                                               | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. The facility is not keeping its exhaust fan in<br>operable condition.<br><br>Findings on June 17, 2025:<br>b. The exhaust fan in rooms 610 and 103 are not<br>working properly. | {C 199}                                                                                   |                                                                                                                          |                                                                    |