Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **01 - MAIN** B. WING _____	(X3) DATE SURVEY COMPLETED
	HAL025020		**03/16/2016**

NAME OF PROVIDER OR SUPPLIER
CROATAN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
4522 OLD CHERRY POINT ROAD
NEW BERN, NC 28560

(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 Biennial Construction Survey by Frank Strickland and Greg Cates on 03/16/2016: Information obtained from the DHSR database indicates that this facility was licensed on 08/22/1997 as a HA. This facility is currently licensed for 72 Beds including a 18 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the Minimun Standards and Regulations for the 1996 Rules for the Homes for the Aged, 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1997 Revision) Edition, of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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 observations, the facility emergency illumination has not been maintained in a safe manner. This would affect all residents, staff and visitings guests by not providing illumination in the paths of egress in the event of an emergency.	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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C 164	Continued From page 1 Findings on 03/16/2016: The emergency lighting fixtures did not illuminate when tested on the emergency mode located in the Activity Room. 2-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 03/16/2016: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Staff Break Room Bathroom (b) Guest Bathrooms (c) Resident Room 112 3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 03/16/2016: The exhaust grilles have excessive particulate build-up in Rooms 301-309 bathrooms. 4--Based on observation, the facility has not maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cyclinder. Findings on 03/16/2016: There are 3 oxygen bottles in the corner of Room 408 not in racks. 5-Based on observation, the facility has not maintained electrical ground-fault protection in	C 164		

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C 164	Continued From page 2 wet areas. Findings on 03/16/2016: There were 2 GFCI receptacles located in the Interior Courtyard that did not reset upon testing.	C 164		
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 observations, this facility has failed to maintain in a safe manner the operation of the smoke barrier doors and the physical condition of the Fire-rated doors. The could affect all residents and staff by not containing fire and/or smoke in the fire compartment or room of origin. Findings on 03/16/2016: The following doors at the locations indicated are not operating and maintained: (a) The smoke-barrier door facing the front of the facility did not close all the way to the door frame to prevent the passage of smoke during the fire alarm test that is located in the Service Core at the rear. (b) The smoke-barrier dooring adjacent to the Resident Service Director's Office did not close all the way to the door frame to prevent the	C 189		

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C 189	Continued From page 3 passage of smoke during the fire alarm test. (c) The Main Laundry entry door drags on the floor and does not latch.	C 189		