

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 000	Initial Comments	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have bathroom walls, shower walls and floor, toilet area floors, baseboards, ceiling vents, and electrical outlets, kept clean and in good repair in residents' bedrooms and bathrooms on the Special Care Unit, A Hall and C Hall.</p> <p>Observation of resident room and bathroom #P7 on the Special Care Unit (SCU) on 8/24/16 at 4:30 pm revealed there were no towel racks on either side of the sink; holes were in the walls where previous towel racks had been removed.</p> <p>Observation of the SCU left side "Bath" on 8/24/16 at 4:50 pm revealed:</p> <ul style="list-style-type: none"> -The half-wall section separating the sink and shower was missing 2 of the 3 6" x 6" ceramic tiles on the top and all 3 of the tiles down the edge, leaving a rough caulking and exposed rough wood surface. - The bottom edge was dark brown in color and had water marks. - The half-wall section between the shower and 	D 074		

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 1</p> <p>the toilet was missing half of the ceramic tile on the top and down the front edge, leaving a rough caulking and exposed rough wood surface.</p> <ul style="list-style-type: none"> - The bottom edge was dark brown in color and had water marks. - The upper edge and caulked sides of the tile baseboard at the wall behind the toilet was coated with a dark brown substance. - The toilet water line face plate at the wall was rusted. - There were dark brown and yellowish brown stains on the water line attached to the toilet. - An electrical access, containing a 2-part outlet, just above the floor baseboard on the lower wal, 3-1/2' away from the open shower, had rust spots on the inside and outside of the box, and plug surface of the outlet. <p>Observation of the SCU resident bedroom and bathroom #P2 on 8/25/16 at 11:20 am revealed:</p> <ul style="list-style-type: none"> - The back half of the left side wall of concrete blocks, from the bed's headboard to the ceiling had large patches of white crumbling paint stained pale yellow to orangeish brown. - The base of the crown molding, above the resident's bed, was detached in places, with patches of white crumbling paint that was stained pale yellow to orangeish brown. <p>Interview with a SCU personal care aide (PCA) on 8/25/16 at 10:40 am revealed:</p> <ul style="list-style-type: none"> - The PCA worked primarily in the SCU. - In the last 3 months some repairs had been done. -The walls had been cleaned and floors buffed. - The PCA did not know if the repairs were finished. - Housekeeping came to clean every day, general cleaning was done in the bathrooms. 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 2</p> <p>Interview with a housekeeper on 8/25/16 at 2:55 pm revealed:</p> <ul style="list-style-type: none"> - "This is an old building, don't notice a lot of stuff." - "I mop resident rooms, clean bathrooms and inside of showers, deep cleaning is done 2-3 times a week." <p>Interview with a SCU medication aide (MA) on 8/25/16 at 10:52 am revealed:</p> <ul style="list-style-type: none"> -Some time around the 1st of May, 2016, repair people came and the floors were buffed. -The MA had not seen the repair people in over a month. <p>Interview with the Special Care Coordinator (SCC) on 8/25/16 at 11:35 am revealed:</p> <ul style="list-style-type: none"> -Repairs had been done since the survey (4/07/16), the mold was cleaned in resident room #P10 and the floors were cleaned. -Usually residents would let the PCAs know if something needed repair and the SCC would inform the Administrator. <p>Observation of the Room #5 on the A hall on 08/25/16 at 11:10 am revealed there was a crack in the right corner wall next to room entrance that extended from the ceiling down to the floor.</p> <p>Observation of the common shower room on the A hall on 08/25/16 at 2:00 pm revealed:</p> <ul style="list-style-type: none"> -The floor surrounding the toilet was discolored and stained with brown spots. -The towel rack and the glove rack located over the sink had several areas of rust spots. -The soap holder inside of the shower was dirty and discolored with brown and blue stains. -The floor surrounding the toilet was discolored and stained with brown spots. -The door frame of the common shower room 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 3</p> <p>had chipped/peeling paint with rust spots. -Approximately 4 inches of the bottom right frame of the door and the baseboard were missing. -Approximately 4 inches of the bottom left frame of the door was missing.</p> <p>Observation of the Room #9 on the A hall on 08/25/16 at 2:33 pm revealed the walls and floors adjacent to walls in the shared bathroom in Room #9 were stained with brown residue.</p> <p>Interview with a Resident in Room #9 on the A Hall on 08/25/16 at 2:33 pm revealed housekeeping came every day and swept and mopped the floor in the bedroom but they did not sweep and mop the floor in the shared bathrooms.</p> <p>Observation of the Room #11 on the A hall on 08/25/16 at 2:36 pm revealed three feet of the wall baseboard was missing under the window.</p> <p>Observation of the Room #14 on the A hall on 08/25/16 at 2:44 pm revealed the walls and floors adjacent to walls in the shared bathroom in Room #9 were stained with brown residue.</p> <p>Observation of the Room #15 on the A hall on 08/25/16 at 2:48 pm revealed: -The floor was covered with gray residue and was damp from water that dripped from the air vent by the window. -The floor surrounding the toilet was discolored and stained with brown spots.</p> <p>Interview with the Resident in Room #15 on the A hall on 08/25/16 at 2:48 pm revealed: -Housekeeping did not clean in his room regularly because he did not want anyone in his room. -Housekeeping probably came in and cleaned his</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 4</p> <p>room about once a week.</p> <p>Observation of room #16 bathroom on A Hall on 8/25/16 at 2:50 pm revealed:</p> <ul style="list-style-type: none"> - The right angle corners of the wall behind the toilet were coated with a tannish orange caulking substance over black mold from the ceiling to the floor. - The flooring at the edge of the walls around the toilet were dark brown to black with mold and had streaks of an orange caulking like substance. - There was a 4" circumfrence ragged hole in the cement block wall around the water line for the toilet. <p>Interview with a resident of room #16 on 8/25/16 at 2:50 pm revealed there had been no repairs done in the bathroom and he did not like the mold on the wall in the bathroom.</p> <p>Observation of resident room #17 on 8/25/16 at 2:54 pm revealed:</p> <ul style="list-style-type: none"> - There was a 6" circumfrence jagged hole in the ceiling sheetrock above the foot of the resident's bed at the entrance to the room. -The sheetrock had been torn away on 2 sides of the hole. - Nothing was visible through the dark hole. - A small trash can lined with a clear oversized plastic bag was placed next to the end of the bed. - The floor around the the trash can was stained a greyish brown with dark brown spots. - Another 6" circumfrence hole was in the right wall ceiling above the moulding. - Greyish brown insulation was vivible inside the hole. <p>Observation of the A Hall end bathroom on 8/25/16 at 2:58 pm revealed:</p> <ul style="list-style-type: none"> -The wall area under the light switches had 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 5</p> <p>smearred spots of a reddish brown substance. -The wall board outside of the shower had a dark yellow and brown color. -The tiles inside the shower were coated with a white film. -The corners of the shower walls had mold and dark brown stains. Observation of the shower room between Room #12 and Room #13 on the C hall on 08/24/16 at 11:35 am revealed: -There were 4 brownish-black cracked tiles on the right side wall of the shower. -The grout and caulk on the shower walls was dingy and discolored with black and brown stains. -The outside shower wall was covered with white residue that dripped down the side of the wall.</p> <p>Observation of Room #14 on the C Hall on 08/25/16 at 10:30 am revealed: -The ceiling srrounding the air vent next to the window had chipped white paint around its perimeter and exposed the gray sheetrock underneath. -The ceiling around light fixture had peeling paint around its base.</p> <p>Interview with a resident in Room #14 on the C Hall on 08/25/16 at 10:30 am revealed she saw the chipped and peeling paint in the celing but she had not reported to any staff.</p> <p>Observation of Room #13 on the C Hall on 08/25/16 at 10:36 am revealed: -Large brown dusty cobwebs in 2 corners of the ceiling in the shared bathroom. -Several large brown circular stains were on the ceiling next to the window in the sleeping area. -The stained area was cracked in several places and measured approximately 3 feet long and 2 feet wide.</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 6</p> <p>-No active leaking was noted.</p> <p>Interview with a Resident in Room #13 on the C Hall on 08/25/16 at 10:36 am revealed: -Resident reported housekeeping staff did not clean her room. -She did not remember the last time the floor in her room had been swept or mopped or when her room was last cleaned. -Resident thought the ceiling in her room was leaking last year but the leak was fixed but the stains and cracked ceiling were never repaired.</p> <p>Interview with a Housekeeper on 08/25/16 at 10:45 am revealed: -She cleaned all of the residents' rooms that she was assigned every day. -The housekeeping staff cleaned Room #13 when the resident went out of the room because the resident would not let them in the room to clean when the resident was there. -She did not pay attention to see if any maintenance or repairs were needed in any of the residents' rooms. -She just cleaned according to the housekeeping checklist.</p> <p>Interview with a second Housekeeper on 08/25/16 at 11:00 am revealed: -She and the other housekeeper usually tried to clean the residents' rooms together. -They swept, mopped, and dusted in all of the residents' rooms every day. -She cleaned the shared bathrooms and common bathrooms at least once day and more often if a resident soiled it. -She did not clean the walls in the facility. -She did not think cleaning walls was on the housekeeping checklist. -She swept down cobwebs in residents' rooms</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 7</p> <p>when she saw them. -If she saw something that needed to be fixed she let the maintenance person or the Administrator know about it.</p> <p>Review of the Housekeeping Checklist on 08/25/16 revealed: -Staff initialed daily when cleaning tasks were completed. -All cleaning tasked were documented as completed from 08/22/16 through 08/25/16. -Daily cleaning included cleaning all floors, dust underneath all beds, cleaning all hallways, laundry room floors, and vacuuming the front lobby. -Deep cleaning tasks included wiping out all window sills and cleaning baseboards and behind doors. -Deep cleaning tasks were designated to be done weekly according to the following schedule: C Hall Left side on Monday, C Hall Right Side on Tuesday, B Hall Left Side on Wednesday, B Hall Right Side on Thursday, A Hall Left Side on Friday, A Hall Right Side on Saturday. -Nursing, Business, Activity, and Administrator offices were designated to cleaned on Monday. -All residents' bedrooms and bathrooms were to be cleaned on Sunday. -Common sitting rooms on Main Hall and C Hall were designated to be vacuumed weekly on Sunday. -Baseboards in hallways were designated to be mopped and scrubbed on Sunday. -Smoke room walls were designated to be washed and scrubbed once a month.</p> <p>Interview with the Maintenance Person on 08/25/16 at 3:10 pm revealed: -He was the Maintenance Person for the facility. -He also worked as a Housekeeper and Floor</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	<p>Continued From page 8</p> <p>Technician if needed.</p> <ul style="list-style-type: none"> -He handled the minor repairs needed for the facility. -The facility called professional maintenance companies from the local area for major repairs that had to be done. -The staff and the Administrator told him about repairs when they were needed. -Residents sometimes told him if repairs needed to be done in their rooms and he did the repairs if he could. -He knew a lot of repairs had been done in the facility. -He knew the rust spots had been cleaned and painted, floor tiles replaced, new moldings, faucets replaced in all the rooms, and some toilet seats had been replaced through out the facility. -The housekeeping staff cleaned the facility according the new housekeeping checklist. -He did not know anything about any cracked ceilings, peeling paint, duct tape on air vents, or any of the problems with cleanliness observed on this survey. <p>Interview with the Administrator on 08/25/16 at 4:10 pm revealed:</p> <ul style="list-style-type: none"> -She put a plan in place to maintain the cleanliness and maintenance of the facility. -The housekeeping staff had a checklist that was used to keep up with the cleaning of the facility. -She made daily rounds to make sure housekeeping was being done. -If she was unable to check the cleanliness of the facility then she had the Maintenance Person or one of the Medication Aides to it. -The salon tiles and door on the C Hall had been replaced. -Maintenance had been working on the rust spots on the C Hall. -She knew there was still a lot of work that 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 074	Continued From page 9 needed to be done but it was an older facility and it was just going to take some time. -She was not aware there was problems still with the cleanliness of the facility for the floors and walls. -She knew that some of tiles in the bathrooms and baseboards needed to be repaired. -She was not aware of any problems with chipped or cracked paint to ceilings or the air vents dripping water. -She had the Maintenance Person to work on the small repairs. -If he could not do the repair, then she called local repair companies. -If major repairs to the facility have to be done, then she and the Maintenance Person will make a list and send it to the corporate office for corporate maintenance. -It usually took 2-3 weeks for the corporate maintenance to start working on the repair lists. -She was interviewing for a part-time Maintenance person for 3 days a week. -She believed all the repairs had been done that were cited from the last survey.	D 074		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have the upholstered chairs and exit door in the Special Care Unit (SCU) resident Day	D 076		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 076	<p>Continued From page 10</p> <p>Room and upholstered chair on C Hall clean and in good repair.</p> <p>The findings are:</p> <p>Observation of the SCU Day Room on 8/25/16 at 11:25 am revealed:</p> <ul style="list-style-type: none"> - A 3" oval light to dark brown dried substance on the lower mid-back section of the green vinyl upholstered arm chair; the arms and seat of the chair were stained a light brown color. - A purple vinyl upholstered arm chair and 1/4" x 2" x 4" long tears on the arms and seat area; the seat lining was visible and was a pale yellow color. - The room's exit door was rusted from the bottom edge up varying 3" to 4" up the front and had long rusted streaks up to the door handle bar. <p>Observation of the SCU Day Room on 8/25/16 at 11:25 am revealed:</p> <ul style="list-style-type: none"> - A resident was asleep in a soft chenille fabric upholstered lounge chair. - The bottom fabric panel on the right side of the chair below the arm rest was detached; the front edge dragged the floor in the walking path of the resident. <p>Observation of Rom #44 on C Hall on 8/25/16 at 1200pm revealed a pink vinyl upholstered arm chair that had cracks in the seating area and on the armrests.</p> <p>Interview with a SCU personal care aide (PCA) on 8/25/16 at 11:35 am revealed housekeeping cleaned every day, general cleaning was done in the bathrooms.</p> <p>Interview with a SCU medication aide (MA) on 8/25/16 at 10:52 am revealed Housekeeping did</p>	D 076		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 076	Continued From page 11 routine cleaning in resident rooms and bathrooms every day. Interview with a housekeeper on 8/25/16 at 2:55 pm revealed: - "This is an old building, don't notice a lot of stuff." - "I dust vents, mop resident rooms, clean bathrooms and inside of showers, deep cleaning is done 2-3 times a week." Interview with the Administrator on 8/25/16 at 4:00 pm revealed: - "There was so much to do, she tried to walk the halls and make rounds (SCU, A and C Halls) every day or get (housekeeper/maintenance staff) to do it." - She would ask the housekeeper/maintenance staff to give her a list of things that needed repair and send it to the corporate office.	D 076		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated.	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 12</p> <p>Based on observations and interviews, the facility failed to assure resident bathrooms' light fixtures, electrical outlets, showers, shower chairs, toilets, toilet seats, air vents, bathroom doors; bedroom closet doors, wall cables, electrical wires, and ceiling lights were maintained in a clean and orderly manner, free of obstructions and hazards for the Special Care Unit (SCU), A Hall and B Hall.</p> <p>The findings are:</p> <p>Observation of resident room and bathroom #P7 on the Special Care Unit (SCU) on 8/24/16 at 4:30 pm revealed:</p> <ul style="list-style-type: none"> - The 3 light bathroom fixture over the sink was missing a globe and light bulb on the left side leaving the protruding light socket exposed. - The middle light did not work. - The bathroom interior door's veneer was pulled away 1" to 3" at the bottom making a rough, jagged edge. <p>Interview with the resident in room #P7 of the SCU on 8/24/16 at 4:40 pm revealed:</p> <ul style="list-style-type: none"> - No repairs had been done to the toilet. -The toilet was loose from the floor, the resident demonstrated holding the toilet bowl and moving the toilet side to side. - The toilet rocked forward when he sat on the seat, "it felt like you could fall off when sitting on the seat; it needed to be anchored in place". <p>Observation of the SCU left side "Bath" on 8/24/16 at 4:50 pm revealed:</p> <ul style="list-style-type: none"> - The sink cabinet doors were not hanging straight and had 2 missing door knobs. - The bottom base board of the cabinet was half-way covered with torn and jagged wallpaper 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 13</p> <p>leaving the rough surfaced fiber board exposed.</p> <ul style="list-style-type: none"> - A chair, used to assist with resident bathing and taking showers, was placed in the open shower area; the chair was made of plastic, had rusted metal legs; the front right chair leg was missing the foot piece, making the legs uneven and unstable for seating. - The electrical box did not have a cover, leaving the electrical plug and interior of the box exposed. - A large 6' cabinet having 4 bottom doors was adjacent to the toilet; the 2 horizontal top drawer doors were missing. <p>Observation of the SCU resident bathroom in room #P9 on 8/25/16 at 11:15 am revealed:</p> <ul style="list-style-type: none"> - The toilet had a metal framed plastic seat with arm rests positioned over the toilet bowl. - The front and back support bars, legs, and curved thin metal seat supports were rusted. - The thin supports for the toilet seat appeared to be almost rusted through and close to breaking. <p>Observation of the SCU bathroom in room #P2 on 8/25/16 at 11:20 am revealed the lighting in the bathroom was dim due to having only one of the 2 lights working.</p> <p>Observation of the SCU Day Room on 8/25/16 at 11:25 am revealed:</p> <ul style="list-style-type: none"> - A resident was asleep in a soft chenille fabric upholstered lounge chair. - The bottom fabric panel on the right side of the chair below the arm rest was detached; the front edge dragged the floor in the walking path of the resident. - The resident's right foot was positioned beside the fabric on the floor. <p>Observation of the SCU front resident Shower Room on 8/25/16 at 11:30 am revealed:</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 14</p> <ul style="list-style-type: none"> - The tub's hot water handle was missing, and the water line and face plate were rusted. - The plastic shower chair, used by residents to sit in while taking a shower, had rusted metal legs. <p>Interview with a SCU personal care aide (PCA) on 8/25/16 at 10:40 am revealed:</p> <ul style="list-style-type: none"> - In the last 3 months some repairs had been done; there were new window blinds and light bulbs in the bahtrooms and resident rooms - Housekeeping cleaned every day. - General cleaning was done in the bathrooms. - No residents had been injured. <p>Interview with a housekeeper on 8/25/16 at 2:55 pm revealed:</p> <ul style="list-style-type: none"> - "This is an old building, I don't notice a lot of stuff." - "I dust vents, mop resident rooms, clean bathrooms and inside of showers. - Deep cleaning is done 2-3 times a week." <p>Interview with a SCU medication aide (MA) on 8/25/16 at 10:52 am revealed:</p> <ul style="list-style-type: none"> - Some time around the 1st of May, 2016, repair people came to fix lights and the dining room door (would not open). - Housekeeping did the routine cleaning in resident rooms and bathrooms every day. - The MA, observing the toilet in the bathroom for P7, stated she was not aware the toilet moved sideways and rocked. - "The toilet was a hazzard, a resident could fall (using it)". - The MA, observing the Shower Room outlet, stated, "the wall outlet is a hazzard, it has no cover, it is about 5-1/2 ' from the shower!" <p>Interview with the Special Care Coordinator</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 15</p> <p>(SCC) on 8/25/16 at 11:35 am revealed:</p> <ul style="list-style-type: none"> -The SCC was not aware of the toilet moving or leaning forward in the resident room #P7 bathroom. - "It was a hazzard, the resident could fall off and hurt himself". - She was not aware of the missing shower chair foot in the residents' hall Bath. - She was aware of the outlet without a cover, but did not associate it with being so close to the open shower. - She did checks (was not specific as to what was checked) of resident rooms 2 times a month. - Usually residents would tell the PCAs if something needed repair and the SCC would inform the Administrator. <p>Observation of Room #5 on the A hall on 08/25/16 at 11:10 am revealed:</p> <ul style="list-style-type: none"> -The grout at the back of the bathroom sink was cracked and the sink was able to be moved up and down approximately 1 inch. - 2 of the 4 tabs under the toilet seat were broken. <p>Observation of the common shower room on the A hall on 08/25/16 at 2:00 pm revealed 2 of the 4 tabs under the toilet seat were broken.</p> <p>Observation of room #2's bathroom on A Hall on 8/25/16 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> - The toilet seat had a broken hinge at the back of the seat; the seat moved side to side. - The toilet seat was missing paint around the inside rim, the underside outer edge and interior edge. - The areas of missing paint were brown to dark brown in color and had a scraped surface. - There were no right or left seat supports. - The seat hinges were stained brownish yellow and had rusted screws. 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 16</p> <p>Interview with the resident in room #2 on 8/25/16 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> - The toilet had a broken seat. - He would have to balance to sit on it; if not he could fall off. - The toilet had a broken hinge for a week. - The missing paint was there when the resident moved in about 6 months ago (February 2016) - No one asked him about it, housekeeping cleaned the bathroom, but had not mentioned it. <p>Observation of room #6 on A Hall on 8/25/16 at 2:27 pm revealed:</p> <ul style="list-style-type: none"> - A long cable line came out of the ceiling next to the vent and hung draping down the left wall, around a 14" circumference round clock, over the left corner of the resident's bed headboard and behind. - The cable was not attached to anything behind the headboard. <p>Interview with the resident in room #6 on 8/25/16 at 2:30 pm revealed:</p> <ul style="list-style-type: none"> - The resident had been in the room for 5 years and the cable was hanging there when he came. - It was not used for anything and no one offered to remove it. - If lying in his bed, he could reach up and hit the cable in his sleep, making it fall on him. - His clock could be pulled down and fall on the bed on him. <p>Observation of Resident Room #9 on the A hall on 08/25/16 at 2:33 pm revealed:</p> <ul style="list-style-type: none"> -The top of the toilet seat was peeling. -The door knob was missing from the adjoining door leading from the shared bathroom and had exposed sharp metal edges. -The air vent by the window had gray spotted 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 17</p> <p>discoloration and had beads of water around its perimeter.</p> <p>-The air vent next to the room entrance was covered with tan dust and its outer perimeter was partially covered with a strip of gray duct tape.</p> <p>Interview with a Resident in Room #9 on the A Hall on 08/25/16 at 2:33 pm revealed:</p> <p>-Housekeeping did not clean air vents or walls in his room or the bathroom.</p> <p>- He was not sure how long the door knob had been missing on the shared bathroom or how long the toilet had been peeling.</p> <p>-Resident complained water dripped occasionally from the air vent and his socks got wet and the floor was slippery when he walked across the floor.</p> <p>-He had not fallen because the floor was slippery.</p> <p>-The water started dripping from the air vent since the facility had started using the air conditioning.</p> <p>-He had not complained to any staff that the air vent dripped water.</p> <p>Observation of Resident Room #11 on the A hall on 08/25/16 at 2:36 pm revealed:</p> <p>-A black television cable from the outside was threaded through the locked window and hung approximately 1.5 feet inside from the window ledge.</p> <p>-The hub of the cable had an exposed metal prong that extended 1 centimeter from its rim.</p> <p>-The perimeter of the air vent next to the window had peeling white paint.</p> <p>Observation of Resident Room #12 on the A hall on 08/25/16 at 2:40 pm revealed:</p> <p>-A white television cable from the outside hung inside the room through the window and approximately 3 feet of this cable was coiled on</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 18</p> <p>the floor of the room.</p> <ul style="list-style-type: none"> -The hub of the television cable had an exposed metal prong that extended 1 centimeter from its rim. <p>Observation of Resident Room #14 on the A hall on 08/25/16 at 2:44 pm revealed:</p> <ul style="list-style-type: none"> -Two sliding closet doors were off track and leaned against the wall adjacent to the closet. -Scattered rust spots were along the frames of both shared bathroom doors. -The top of the toilet seat was peeling and discolored with brown stains. -There was a 3 inch diameter hole in the adjoining door of leading from the shared bathroom. -The adjoining door of leading from the shared bathroom was covered with a white substance. <p>Observation of Resident Room #15 on the A hall on 08/25/16 at 2:48 pm revealed:</p> <ul style="list-style-type: none"> -The air vent by the window had gray discoloration and had beads of water around its perimeter. -The floor was damp and slippery from water that dripped from the air vent by the window. -The top of toilet seat was peeling and brown discoloration. -The bathroom sink was covered with gray dust and had brown stains. -Two gallon size paint containers were sitting by the entrance of the door. <p>Interview with the Resident in Room #15 on the A hall on 08/25/16 at 2:48 pm revealed:</p> <ul style="list-style-type: none"> -He did not like that water dripped from the air vent but did not think anything could be done to stop it. -He was not sure how long the toilet seat had been peeling and discolored. 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 19</p> <p>-He did not report it because he did not think it was going to be fixed.</p> <p>Observation of room #16 bathroom on A Hall on 8/25/16 at 2:50 pm revealed:</p> <ul style="list-style-type: none"> - The lower 2' of the bathroom door had bubbled paint with heavy rust and black stains at the base. - The door frame was dotted with rust over all the frame. <p>Interview with a resident of room #16 on 8/25/16 at 2:50 pm revealed:</p> <ul style="list-style-type: none"> - He did not like the condition of the door frame of the bathroom - He had been at the facility for 6 years and had a mattress that had cracks in the cover and a stained mattress cover. - The resident had talked with the Administrator about getting a new mattress and cover a couple of weeks ago and was given no reply. - The resident pulled back his sheets and mattress cover to show them. <p>Interview with the second resident of room #16 on 8/25/16 at 2:52 pm revealed:</p> <ul style="list-style-type: none"> - His mattress and mattress cover were in the same shape as his roommate's bed. -The resident pulled back his sheets and mattress cover to show them to the surveyor. <p>Observation of resident room #16 on 8/25/16 at 2:52 pm revealed:</p> <ul style="list-style-type: none"> - The mattress covers of both beds had numerous full length 1/4" to 1/2" slits in the covers across the tops of the mattresses. - The mattress cover lining was visible through the slits in the vinyl. - The bottoms of the foam mattress covers had brownish yellow stains over the surface. 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 20</p> <p>Observation of resident room #17 on 8/25/16 at 2:54 pm revealed there was no ceiling light cover; the double sided fixture had one light bulb.</p> <p>Observation of resident room #18 on 8/25/16 at 2:56 pm revealed the 2 closet sliding doors were detached from the track, stacked together, and leaning at an an angle against the closet door frame adjacent to the window.</p> <p>Observation of the A Hall end bathroom on 8/25/16 at 2:58 pm revealed:</p> <ul style="list-style-type: none"> - The 2 light switches on the interior wall had rusted covers. - The wall area under the light switches had smeared spots of a reddish brown substance. - The floor of the sink cabinet was covered in rust and yellowed brown stains. - The lower 2" to 4" of the wall of the cabinet had mold and dark brown stains around the base of the entire cabinet. - A broken shower head lay in the floor of the cabinet. - The shower hot and cold water controls were loose, the bases were situated in open wall board visible from rough circles cut in the wall tiles. - The shower curtain was old and in disrepair. - The large toilet tissue holder on the wall beside the toilet had no cover or tissue. The base had a 3" cylinder protruding from the center back of the holder and out approximately 6". - The caulking at the base of the toilet was an orangeish brown color and was cracked in several spots. - The bathtub faucet and water controls were rusted. - The caulking around the front, side, and back of the tub was dried and split in lines aournd the top edge and was a brownish yellow color. - The water overflow opening below the faucet 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 21</p> <p>was rusted and had no cover.</p> <ul style="list-style-type: none"> - The drain cover was rusted. - The 12" round fluorescent ceiling light fixture was completely rusted. - The ceiling air vent was completely coated in dust and had was colored varying shades of grey with black specks. - The slats of the vent varied from light grey to a peach color and did not fit together. - Large water droplets covered the outside edge of the vent. <p>Interview with the Maintenance Person on 08/25/16 at 3:00 pm revealed:</p> <ul style="list-style-type: none"> -He knew on the A Hall two toilet seats were peeling and needed to be replaced. -He knew the resident in Room #15 on the A Hall liked to paint and the resident kept open containers in his room. -The resident wanted something to do and he just gave resident the paint. -The resident was not supervised when the resident used the paint. -He did not think it was a problem for residents to keep paint in their rooms. <p>Observation of the common living room on the C hall on 08/24/16 at 10:25 am revealed:</p> <ul style="list-style-type: none"> - Four vinyl-clothed chairs had cracked seating and armrests. -An electrical cord from the emergency lights hung loosely approximately 4 feet down the right wall. <p>Observation of the exit door at the end of C Hall on 08/24/16 at 11:20 am revealed:</p> <ul style="list-style-type: none"> -A white blanket was rolled and placed across the threshold of the exit door. -The blanket had brown stains and was covered in brown dust. 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 22</p> <ul style="list-style-type: none"> -Light was visible from the outside through 2 open areas at the right threshold of the door. -The 2 open areas measured approximately 2 inches wide and ¼ of an inch long. <p>Observation of the shower room between Room #12 and Room #13 on the C hall on 08/24/16 at 11:35 am revealed:</p> <ul style="list-style-type: none"> -The door entrance of the shower room had chipped/peeling paint with several areas of exposed rusty metal. -The top of the white shower chair had several brown stains. -The inside corners of the window had dusty brown cobwebs. <p>Observation of Room #7 on C Hall on 08/24/16 at 11:45 am revealed:</p> <ul style="list-style-type: none"> -The electrical outlet next to the bathroom had no protective cover. -A radio and a television were plugged into the electrical outlet. -A two-drawer brown nightstand had several dry white stains. -A four-drawer brown dresser had several black and brown stains. <p>Interview with a Resident in Room #7 on 08/24/16 at 11:45 am revealed:</p> <ul style="list-style-type: none"> -She had just moved into the facility 1 week ago. -The cover was not on the electrical outlet when she moved in the room. -She had not told anyone the electrical outlet cover was missing. -No one had told her not to use the electrical outlet without the cover. <p>Interview with the Administrator on 08/24/16 at 11:50 am revealed:</p> <ul style="list-style-type: none"> -She was not aware of the electrical outlet in 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 23</p> <p>Room #7 was missing its protective cover. -She would have the maintenance person to put a cover on the electrical outlet as soon as possible. -She was not sure how long the blanket had been in front of the C Hall exit door. -She thought a resident may have put the blanket in front of the exit door of C Hall earlier in the summer because a snake was reportedly seen outside the facility. -She would get staff to remove the blanket and maintenance to make repairs to the exit door.</p> <p>Interview with a Housekeeper on 08/24/16 at 11:55 am revealed: -She had worked at the facility for the last 2-3 months. -She swept, mopped, and dusted in all of the residents' rooms every day based on her hall assignment. -She cleaned all of the common bathrooms and shared bathrooms twice a day. -She cleaned according the cleaning checklist that was located in the staff breakroom. -Housekeeping staff had to document at the end of their shift that they had completed all assigned tasks on the cleaning checklist. -She did not know the outlet cover was missing from the electric outlet in Room #7. -She did not know why the blanket was in front of the exit door on the C Hall or how long it had been there. -She cleaned the residents' rooms but she did not pay attention to stuff like that. -She was supposed to report needed repairs to the Administrator.</p> <p>Observation of the Room #2 on the C hall on 08/24/16 at 12:05 pm revealed: -The hot and cold handles to the tub faucet were missing and it exposed the two metal pipe ends.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 24</p> <ul style="list-style-type: none"> -The bottom of the bathtub was covered with gray dust and brown stains. -The light switch cover had chipped/peeling paint. <p>Observation of Room #1 on the C Hall on 08/25/16 at 10:05 am revealed:</p> <ul style="list-style-type: none"> -A black television cable with white paint extended up the wall, over two closet doors and the entrance of the resident's room. -The end of the television cable extended along the wall inside of the room entrance and 2 inches of the cable rested on the foot of the resident ' s bed. -The hub of the television cable had an exposed metal prong that extended 1 centimeter from its rim. <p>Observation of a Housekeeping Closet across from Room #1 on the C Hall on 08/25/16 at 10:10 am revealed:</p> <ul style="list-style-type: none"> -The door to the housekeeping closet was unlocked and contained a housekeeping cart with cleaning supplies that were easily accessible. -The housekeeping cart contained 1 can of shower cleaner, 1 gallon of pine cleaner, 1 gallon of bleach, and 1 unlabeled spray bottle that contained approximately 2 ounces of an unknown green liquid. -On the floor in the left corner of the housekeeping closet was a 1.5 quart container of multi-purpose cleaner and a 1.5 quart container of glass cleaner. <p>Interview with the Administrator on 08/25/16 at 10:20 am revealed:</p> <ul style="list-style-type: none"> -The housekeepers were supposed to lock all the housekeeping doors. -She would talk with staff to remind them keep the housekeeping closets locked at all time. -She expected the staff to keep all the 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 25</p> <p>housekeeping and laundry closet doors locked to prevent the resident access.</p> <p>Observation of the Administrator on 08/25/16 at 10:20 am revealed the Administrator locked the door of the Housekeeping closet across from Room #1 on the C Hall.</p> <p>Observation of Room #6 on the C Hall on 08/25/16 at 10:25 am revealed: -The vent of the exhaust fan inside the shared bathroom was covered with tan dust. -The air vent next to the window had numerous black spots and had gray stains on 2 sides.</p> <p>Observation of Room #14 on the C Hall on 08/25/16 at 10:30 am revealed the air vent next to the room entrance was covered with tan dust.</p> <p>Interview with a resident in Room #14 on the C Hall on 08/25/16 at 10:30 am revealed: -The housekeeper swept and mopped in her room every day. -The housekeeping staff would dust if she asked them to. -She did not recall if housekeeping had ever cleaned any of the air vents in her room. -Resident reported to housekeeping that the air vent next to the window sometimes dripped water and housekeeping came and mopped the water up. -She reported water had dripped from the air vent about 1-2 times a week since the beginning of summer.</p> <p>Observation of Room #13 on the C Hall on 08/25/16 at 10:36 am revealed the vent of the exhaust fan inside of the shared bathroom was covered with tan dust.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 26</p> <p>Interview with a Resident in Room #13 on the C Hall on 08/25/16 at 10:36 am revealed: -Housekeeping did not come in clean her room. -She did not know about the blanket at the exit door of C Hall.</p> <p>Interview with a Housekeeper on 08/25/16 at 10:45 am revealed: -She cleaned all of the residents' rooms that she was assigned every day. -The housekeeping staff cleaned Room 13 when the resident went out of the room because the resident would not let them in the room to clean when the resident was there. -She did not know why the Housekeeping Closet had been unlocked today. -It was expected for the housekeeping staff of keep the housekeeping closets locked at all times. -The Administrator had told her earlier on 08/25/16 to make sure the housekeeping closets were locked. -She knew some of the air vents on the C Hall dripped water from the air conditioning. -She wiped the water up on the floor of the residents' rooms when she saw it. -She did not report the air vents dripped water to maintenance or the Administrator because she thought they knew about it. -She just cleaned according to the housekeeping checklist. -She did not check the residents' rooms for cobwebs or the cleanliness of the exhausts fans or air vents in the residents' rooms.</p> <p>Interview with a second Housekeeper on 08/25/16 at 11:00 am revealed: -She and the other housekeeper usually tried to clean the residents' rooms together. -They swept, mopped, and dusted in all of the</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 27</p> <p>residents' rooms every day.</p> <ul style="list-style-type: none"> -She cleaned the shared bathrooms and common bathrooms at least once day and more often if a resident soiled it. -She did not dust the air vents or bathroom exhaust fans. -She swept down cobwebs in residents' rooms when she saw them. -She did not know of any complaints of air vents leaking water. -If she saw something that needed to be fixed she let the maintenance person or the Administrator know about it. -She always kept the housekeeping closets doors locked so the residents could not get in. -She did not know anything about the blanket at the exit door on C Hall. <p>Interview with the Maintenance Person on 08/25/16 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> -He was the Maintenance Person for the facility. -He also worked as a Housekeeper and Floor Technician if needed. -He handled the minor repairs needed for the facility. -He knew the air vents in the residents' rooms had been sweating since the facility started using the air conditioning this year. -He saw the air vents dripped water sometimes in the residents' room and he checked the residents' rooms several times a day to make sure the floors were not wet. -He was not sure if the Administrator knew the air vents dripped water because of the air conditioning. <p>Interview with the Administrator on 08/25/16 at 4:10 pm revealed:</p> <ul style="list-style-type: none"> -She put a plan in place to maintain the cleanliness and maintenance of the facility after 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	<p>Continued From page 28</p> <p>the survey in April 2016.</p> <ul style="list-style-type: none"> -The housekeeping staff had a checklist that was used to keep up with the cleaning of the facility. -She made daily rounds to make sure housekeeping was being done. -If she was unable to make rounds then she had the Maintenance Person or one of the Medication Aides to it. -The salon tiles and door on the C Hall had been replaced. -Maintenance had been working on the rust spots on the C Hall. -The cable wire in the common sitting room had been moved and the cable outlet covered. -New shower curtains had been put up in the common shower rooms. -The staff had worked with the residents to eliminate clutter in the residents' rooms. -She was not aware a resident had stored paint cans in his room. -She knew the resident liked to paint as a hobby. -She knew there still a lot of work that needed to be done but it was an older facility and it was just going to take some time. -She had the Maintenance Person to work on the small repairs. -If he could not do the repair, then she called local repair companies. -If major repairs to the facility have to be done, then she and the Maintenance Person will make a list and send it to the corporate office for corporate maintenance. -It usually took 2-3 weeks for the corporate maintenance to start working on the repair lists. -She was interviewing for a part-time Maintenance person for 3 days a week. -She believed all the repairs had been done that were cited from the last survey. <p>_____</p> <p>The facility provided a Plan of Protection on</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D 079	Continued From page 29 8/25/16. -The Administrator had a meeting with the housekeeping and maintenance staff on 4/7/16 to implement their housekeeping schedule that will start 4/7/16. -The schedule included certain cleaning task that will be done daily. -An assessment of maintenance issues would be assessed 4/7/16 by the Administrator and a work order list would be given to housekeeping/maintenance to complete. -Any maintenance/housekeeping issues would be reported to the Administrator or Resident Care Coordinator when they are identified. -The Resident Care Coordinator and the Administrator would check daily to ensure tasks had been completed. - A list of work orders would also be sent to the corporate office and needs for a work crew would be assessed.	D 079		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure appropriate care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to maintaing a faciltiy in a clean and orderly manner and free of	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/25/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910
---	---

(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
D912	Continued From page 30 all obstructions and hazards. Based on observations and interviews, the facility failed to assure resident bathrooms' light fixtures, electrical outlets, showers, shower chairs, toilets, toilet seats, air vents, bathroom doors; bedroom closet doors, wall cables, electrical wires, and ceiling lights were maintained in a clean and orderly manner, free of obstructions and hazards for the Special Care Unit (SCU), A Hall and B Hall. [Refer to Tag D0079, 10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings. (Type B Violation)].	D912		