

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL035028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/06/2015
NAME OF PROVIDER OR SUPPLIER  PIONEER HEALTHCARE #1		STREET ADDRESS, CITY, STATE, ZIP CODE 306 LUMPKIN BLVD LOUISBURG, NC 27549		
(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 by Suzanna Fay  DHSR Construction Section conducted a Biennial Survey on May 6, 2015 from 11:50 AM to 1:06 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 30, 2006 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	1. The front entrance door and the back dining exit door lock will be replaced with a single action hardware locks. This repair will be completed by June 30th 2015.	
C 147	Outside Entrances/Exits-Single Hand Motion  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.  This Rule is not met as evidenced by: 1. Observations revealed that neither the front entrance nor the exit out of dining had single action hardware. Have a qualified person replace the door hardware at these exits. Provide documentation of the repairs.	C 147	CONSTRUCTION SECTION JUN 04 2015 RECEIVED	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Bridget Jurek*

TITLE (X8) DATE

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C 152	Continued From page 1	C 152		
C 152	Floors  10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1. Observations revealed that a section of floor tile was missing in front of the sink of the bathroom off of Bedroom 1. Have a qualified person repair the damaged floor. Provide verification of the repairs.  2. Observations revealed that the floor in the bathroom off of Bedroom 4 does not have a base trim. A thick layer of caulk has been roughly applied around the perimeter of the room. The caulking is not done properly leaving ridges and gaps which is neither attractive nor neat. Have a qualified person properly finish the bathroom floor. Provide documentation of the repairs.	C 152 C 152	1. The missing floor tiles in front of the sink in bathroom of bedroom #1 has been replaced and repaired.  2. The floor in the bathroom off of bedroom #4 has been finished and the caulk is properly done.	
C 153	Houskeeping And Furnishings-Clean, Repaired  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home 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 homes.  This Rule is not met as evidenced by:	C 153		

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C 153	Continued From page 2 1. Observations revealed in Bedroom 1 that the facility had previously had a bedbug infestation. Black spots were observed along the crown mold of the ceiling and along the window trim. Interview with Staff revealed that the infestation had occurred with the prior Owner and the facility was clear of bedbugs. Provide documentation that the facility is free of bedbugs and clean the walls and ceiling to remove the black fecal stains. 2. In Bedroom 1, observations revealed a 6" gouge in the sheetrock finish by the bed and the corner of the headboard was resting in the groove. Several additional holes and marks were observed along the right wall. Have a qualified person repair the wall. Provide documentation of the repairs. 3. Observations revealed that the wallpaper in the Activities Room was peeling away at the seam near the bottom of the wall. Have a qualified person repair the wall. Provide verification of the repairs. 4. In Bedroom 4, observations revealed that the chest of drawers to the right of the window was heavily damaged. Most of the drawers were broken or missing. Repair or replace the chest of drawers. Provide documentation of the repairs.	C 153	1. The black spots on the wall and crown mold will be painted. The black spots on the ceiling and along the window trim will be painted and all repairs will be done by June 30th, 2015. The exterminator will provide report for clear of bed bugs. 2. The gouge on the sheetrock and the right side of the wall will all be repaired and fixed by June 30th, 2015. 3. The peeling away wallpaper in the activity room has been repaired. 4. The chest of drawers in bedroom #4 has been replaced.	
C 168	Fire Safety-Smoke Detectors  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device	C 168		

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C 169	Continued From page 3 located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.  This Rule is not met as evidenced by: 1. At the time of this survey, the smoke detector in Bedroom 3 would not go off when tested with canned smoke. Have a qualified technician repair or replace the smoke detector in this room. Provide documentation of the repairs.  2. At the time of this survey, the smoke detector in the hall outside of Bedroom 4 was not interconnected with the other smoke detectors in the facility. Have a qualified technician repair or replace the smoke detector so that when any one smoke detector is activated, all of the detectors sound. Provide documentation of the repairs.	C 169	1. The smoke detector in bedroom #3 has been replaced and functioned properly when tested.  2. The smoke detector outside of bedroom #4 hall way has been repaired and functioned properly when tested by the electrician.	
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. Observations revealed that the laminate	C 174		

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C 174	Continued From page 4  edgeband of the vanity in the bathroom off of Bedroom 1 had delaminated leaving the exposed substrate. Have a qualified person repair the laminate on the vanity. Provide documentation of the repairs.  2. Observations revealed that the door hardware was missing on the closet doors in Bedroom 4 and this Surveyor could not open the doors. Have a qualified person repair the closet doors. Provide documentation of the repairs.  3. Observations revealed that the electrical outlet on the wall cabinet in the hall bathroom did not have power at the time of this survey. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs.  4. Observations revealed that a section of the exterior soffit and fascia trim was rotted and heavily damaged to the left of the front entrance. Have a qualified person repair the soffit and trim. Provide documentation of the repairs.  5. Observations revealed that the paint was flaking at the soffit to the right of the front entrance. Have a qualified person repair the soffit. Provide documentation of the repairs.	C 174	1. The laminate on the edge of the <del>vanity</del> vanity has been put in place  2. The closet door handle in bedroom #4 has been replaced.  3. The electrical outlet on the wall cabinet in the hall bathroom has been repaired and has power when tested.  4. The rotted soffit and fascia trim on front entrance has been replaced.  5. The flaky paint has been scrapped and new paint applied to the soffit. All repairs will be completed by June 30th, 2015	

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