

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKWOOD VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1730 PARKWOOD BLVD WILSON, NC 27895</b>
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(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  This report is of a followup survey done by Bob Getchell on December 3, 2015.  The followup survey revealed that all deficiencies are not corrected, therefore a new plan of correction is required.	{C 000}		
{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 observation, the sampling tube for the duct mounted smoke detector in the attic above room 301 was very dirty.  3. Based on observation a required one-hour fire rated smoke barrier wall was compromised. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.  Followup Findings on 12-3-15 include: a) There were unsealed sleeves through the smoke barrier wall in the attic above room 302. b) An un-rated gray caulk has been used to seal penetrations which require an intumescent caulk	{C 189}		

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

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{C 189}	<p>Continued From page 1</p> <p>with an ASTM E-814 rating to properly firestop the wall penetrations.</p> <p>4. Based on observation, the facility was not maintained in a safe manner by blocking a fire rated door open, thereby preventing the door from closing rapidly in order to contain smoke and fire. Followup Findings on 12-3-15 include: The ¾ fire rated door to the laundry was held open by a permanent magnet in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Followup Findings on 12-3-15 include: d. The door from the kitchen to the dining room was held open with a permanent magnet in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>9. Based on observation, no vacuum breakers were provided on hoses that were long enough to reach into sink basins. Followup Findings on 12-3-15 include: a. The hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided.</p>	{C 189}		
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