

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2016
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NAME OF PROVIDER OR SUPPLIER PARKTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371
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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	<p>Initial Comments</p> <p>This report is of a Complaint Survey done by Bob Getchell on June 17, 2016.</p> <p>The Complaint alleged that there was damage from a fire that occurred 4-19-16 that was cited by the fire marshall.</p> <p>Records indicate that this facility was first licensed as an Assisted Living Facility on February 1, 1971 for Eighty-two (82) beds. Therefore, the facility is required to meet the 1971 Rules for the Homes for the Aged and Disabled; the applicable portions of the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmid; and the 1967 North Carolina State Building Code; Group D-2 Institutional Occupancy.</p> <p>Complaint was substantiated.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building fire</p>	C 189		

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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>protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency.</p> <p>Findings include: The heat detector in the Janitor/hopper room was damaged in a fire on 4-19-16, was removed, and the wiring was tied together to reset the alarm system. Reinstall the heat detector to restore fire protection to this area.</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a) The ceiling in the Janitor/hopper room is damaged and open to the attic. Repair the gypsum to restore the fire resistance rating of the ceiling. b) The ceiling is covered with soot from a previous fire. Repair and refinish.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage;</p>	C 199		

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C 199	<p>Continued From page 2</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Janitor/hopper room exhaust ventilation was not maintained in accordance with this Rule.</p> <p>Findings include: The exhaust fan in the Janitor/hopper room was damaged in a fire and has not been replaced.</p>	C 199		