

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL026048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**PINE VALLEY ADULT CARE HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**3522 CAMDEN ROAD  
FAYETTEVILLE, NC 28306**

(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 Gatchell on July 13, 2016.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	(C 000)		
(C 111)	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1-Based on observation, the facility has failed to maintain current safety inspection reports for review.  Followup Findings on July 13, 2016 include: The facility does not have current Fire Alarm Testing report on site for review. (Inspection scheduled for 7-26-16)	(C 111)	<i>Sanitation inspection is done according to Health Dept schedule, will keep check fire date to schedule for appointment.</i>	<i>7-26-16</i>
(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	(C 164)		<i>7-20-16</i>  <i>9-16-16</i>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Melba Robinson*  
TITLE *owner*

(X6) DATE  
*16 Aug 16*

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(C 164)	Continued From page 1 facilities.  This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained and serviced the plumbing fixtures in the bathrooms.  Findings on 04/27/2016: There is a loose toilet that is located in the Women's Bathroom/Long Hall.  2-Based on observation, the facility has not maintained the exterior wood finishes of the interior doors.  Followup Findings on July 13, 2016 include: Listed below are interior doors that are either scratched extensively and have damaged edges: (a) Room 6 (b) Room 7 (c) Room 8 (d) Room 14 (e) Unisex Bathroom/Long Hall  (Doors have been filled and sanded. Must be stained to finish. Approximately 50% completed)	(C 164)	<i>Loose toilet from 4/27/16 was repaired however loose toilet from last visit on 7/13/16 has been repaired in women's bath room</i>	<i>8-18-16 4-29-16 7/20/16 8-12-16 9-14-16</i>
			<i>Waiting for kick plates to be cut and delivered</i>	