

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/03/2016
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NAME OF PROVIDER OR SUPPLIER  ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
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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 August 3, 2016.  The followup survey revealed that all deficiencies have not been 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: 5. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components.  Followup Findings on August 3, 2016 include:  f. The supply storage room near room 301 has a sprinkler escutcheon that has dropped. Note: Century Fire Protection scheduled 8-16-16 to come and repair.	{C 189}		
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	{C 199}	Our vender was given authorization to repair the sprinkler escutcheon, however there work order was never schedule. We have rescheduled. Estimated completion: 10/10/2016.	

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

*Charlene Purkett, Adm.*

TITLE

Executive Director

(X6) DATE

9/23/2016

Division of Health Service Regulation

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(C 199)	<p>Continued From page 1</p> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</li> </ol> <p>Followup Findings on August 3, 2016 include:</p> <p>b) The exhaust fan in room 204 bathroom is not working</p>	{C 199}	<p>We have contracted J&amp;S Heating to furnish and install a Loren Cook ACE120C10D. The rooftop exhaust has to be special made. Estimated completion date:10/10/2016</p>	
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