

Division of Health Service Regulation

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                          |                                                                    |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL007019</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/09/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WASHINGTON MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>609 WEST 2ND STREET<br/>WASHINGTON, NC 27889</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                     | Initial Comments<br><br>Report of a Follow Up Survey by Billy S. Bryant<br>conducted on 11/09/2016.<br><br>Deficiencies from the 05/31/2016 Biennial Survey<br>remain to corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {C 000}                                                                                      |                                                                                                                          |                                                                    |
| {C 126}                                                     | Bedrooms-Windows<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(d) The requirements for the bedroom are:<br>(9) Each resident bedroom shall be ventilated<br>with one or more windows which are maintained<br>operable and well lighted. The window area shall<br>be equivalent to at least eight percent of the floor<br>space and be provided with insect screens. The<br>window opening may be restricted to a six-inch<br>opening to inhibit resident elopement or suicide.<br>The windows shall be low enough to see<br>outdoors from the bed and chair, with a maximum<br>36 inch sill height; and<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, bedroom windows<br>were not maintained operable by having bedroom<br>windows that are stuck or difficult to open. This<br>would affect the residents by not allowing free<br>egress in an emergency.<br><br>Finding on 11/08/2016:<br>a. There are a total of 9 resident rooms with total<br>of 10 windows. Of the 10 windows 1 would not<br>open and 8 would not remain open when raised. | {C 126}                                                                                      |                                                                                                                          |                                                                    |
| C 160                                                       | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C 160                                                                                        |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                          |                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL007019</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/09/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WASHINGTON MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>609 WEST 2ND STREET</b><br><b>WASHINGTON, NC 27889</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| C 160                                                       | <p>Continued From page 1</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the exterior grounds of the building have not been kept safe and in good repair. Rotten wood resulting in openings in the exterior walls and foundations could allow pests and vermin entrance ways into the interior of the facility.</p> <p>New Finding on 11/09/2016:</p> <p>a. The siding on the exterior wall surfaces have areas of bare wood with no paint.</p> <p>b. The exterior porch ceiling has areas of bare wood with no paint.</p> <p>c. The exterior wood wall siding, wood trim, and wood soffits of the facility are rotten in various places.</p> <p>d. In some locations the wood siding is detaching from the exterior walls.</p> <p>e. Wood window sills and trim are rotten.</p> <p>e. The ends of the exterior porch planking and trim are rotten in several locations.</p> | C 160                                                                                              |                                                                                                                          |                                                                    |