

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466		
(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 Report by Anthony Brinson DHSR Construction Section conducted a Biennial Survey on April 03, 2019 from 11:30 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 18, 2017 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1958 North Carolina State Building Code - Group I - Institutional occupancy and the applicable portions of the 2012 North Carolina State Building Code - Residential Code. NOTES: 1.) This site was originally licensed in 1964 as a 19 bed Assisted living or HA facility. In 2017 when the facility converted to a six bed Family Care Home the reviewers did not have the home reclassified as a Residential Care Facility (425.3) and kept the previous code classification of institutional, but only allowing a maximum of three non-ambulatory residents to be served as the facility is not sprinklered. 2.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 3.) Take actions to correct all listed deficiencies, once completed provide verification in the form of	C 000		

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

TITLE

(X6) DATE

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C 000	Continued From page 1 photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that on site staff was not conducting monthly Fire Extinguisher inspections. This is not compliant with the rule. 2. At the time of the survey it was observed that in the attic there were exposed live wires were a heat detector used to be. This is not compliant with the rule. 3. At the time of the survey it was observed that throughout the home there were abandoned smoke detectors that were not functional. Since there is already an up to date fire alarm system installed, these devices must be either repaired or removed. 4. At the time of survey it was identified that a section of the HVAC duct work in the attic was damaged. This is not compliant with the rule.	C 174		