

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 01/02/2024
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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on January 2, 2024 from 9:40 AM to 11:40 AM 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.	C 000		
C 117	Have Current San. And Fire Safety Approvals	C 117		

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

TITLE

(X6) DATE

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C 117	Continued From page 1 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home 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. At the time of the survey it was observed that the most recent fire inspection report was past due. This is not compliant with the rule. Take the necessary steps to provide a copy of a current fire report to DHSR Construction. * The Fire Marshall arrived within 30 minutes after receiving a phone call from the provider. The facility received a failed report and the Fire Marshal will return in two weeks from this date after the failed items are repaired.	C 117		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that on site staff were not conducting monthly fire extinguisher inspections and initialing the tag.	C 168		

Division of Health Service Regulation

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C 168	Continued From page 2 This is not compliant with the rule. Take the steps to monitor each fire extinguisher monthly to make sure that they are ready for use and date and sign each tag. * This deficiency was previously cited during our April 3, 2019 biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that the fire extinguisher tags were out of date. This is not compliant with the rule. Take the necessary steps to have all fire extinguishers certified and tagged with an updated tag.	C 168		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that throughout the facility there were abandoned smoke detector mounting plates, exposed wire from a missing smoke detector, and several smoke detectors that were not functional. Since	C 169		

Division of Health Service Regulation

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C 169	Continued From page 3 there is already an up-to-date fire alarm system installed, these devices must be either repaired or removed. Take the necessary steps to repair, replace or remove the hard wired with battery back up smoke detectors. * This deficiency was previously cited during our April 3, 2024, biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that the magnetic fire doors did not release and close when the fire system was tested. This is not compliant with the rule. Take the necessary steps to have the doors repaired so that they will close automatically in the event of a fire emergency.	C 169		
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 there was a metal hard duct that had peeling paint at the entry of the laundry room hallway. This is not compliant with the rule. Take the necessary steps remove the peeling paint and paint with a similar color paint. * This deficiency was previously cited during our April 3, 2019, biennial survey, take action to correct this deficiency.	C 174		

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C 174	Continued From page 4 2. At the time of the survey it was observed that throughout the facility there were abandoned smoke detector mounting plates, exposed wire from a missing smoke detector, and several 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. Take the necessary steps to repair, replace or remove the hard wired with battery back up smoke detectors. * This deficiency was previously cited during our April 3, 2019, biennial survey, take action to correct this deficiency. 3. At the time of survey it was identified that a section of the HVAC duct insulation had come off and duct tape was used to secure the insulation. This is not compliant with the rule. Take the necessary steps to repair the loose insulation and replace the duct tape with metallic tape. 4. At the time of the survey it was observed that the exterior dryer vent cover had a build up of lint that prevents the flap from closing. This is not compliant with the rule. Take the necessary steps to remove the lint build up regularly to prevent pests and animals from entering the dryer duct. 5. At the time of the survey it was observed that there were two bath exhaust fan covers that were dusty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans and covers regularly. 6. At the time of the survey it was observed that the toilet was loose at the base in the bathroom between bedroom #7 and #8. This is not compliant with the rule. Take the necessary steps to secure the toilet at the base to prevent the potential for slipping on water.	C 174		

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C 174	Continued From page 5 7. At the time of the survey it was observed that there was a damaged connector, a missing bulb, and a burnt bulb in the 4-foot light fixture in the kitchen. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture and install working bulbs.	C 174		