Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

Chris Sluder

Chris Sluder
Biennial Institutional Team Leader
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Cumberland County DSS – with attachment (via email only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 Report of a Biennial Construction Section Survey by Suzanna Fay conducted on November 16, 2023. This facility was licensed April 1, 1982 as a Home for the Aged for a capacity of (40) Forty Residents. Therefore, this facility was surveyed under the 1978 North Carolina State Building Code - Section 409- Group I- Unrestrained; the 1977 Homes for the Aged and Infirm Minimum and Desired Standards and Regulations; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	C 000	1. Rule Met- The Facility does have a current Fire And Building Safety inspection reports maintained And is Available for review. Rule Met for the Hood suppression system has been Completed 11-20-2023 - Sticker inspection is on the Hood.	
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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained and available for review. The kitchen hood suppression system is required to be inspected every six months. Findings on November 16, 2023: a. Kitchen - the last bi-annual hood inspection was conducted in February of 2023.	C 111		11-20-23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Owner — 19 March

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 150	Continued From page 1	C 150	1. This rule has been met All corridors are now free of All equipment And other obstructions And a clerance of 6'-0" is maintained. Rule has been met for the Recliner, it has been moved, Boxes, Bags, Furniture and other items have been moved Also. There is nothing blocking the exit door.	11-20-24
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions and a clearance of 6'-0" was not maintained. Findings on November 16, 2023: a. Long Hall - there is a recliner in the hall near Room 20 that reduces the corridor width to less than 6'-0" clear. b. Short Hall - there are boxes, bags, furniture and other items stored in the corridor reducing the width to less than 6'-0" and partially blocking the exit door.	C 150	C150	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.	C 160	C160 - The outside premises has been cleaned And is in a Safe Condition.	11-20-24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 160	Continued From page 2 Findings on November 16, 2023: a. Exterior facade outside Kitchen and Dining - the gutters outside the kitchen and at the end of the building are bent and falling off. b. Back Short Hall exit - there are cracks in the exterior wall from the door to the vent. c. Back of Facility - the ramp at the back patio is rotting and there is a 12" hole in the walk at the top of the ramp that is a trip hazard.	C 160	C-160 - The gutters have been removed outside the Kitchen And At the end of the Building. B. Back Short Hall exit has been repaired-Cracks have been sealed. C. The ramp has been repaired And replaced broken Boards There is no 12' hole in the walking The Top of Ramp repaired Rule has been met. The Bulb has been replaced. There is now illumination.	11-22-23 11-22-23
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways and drives are not illuminated. Findings on November 16, 2023: a. Exit by 20 - the exterior light bulb at the door is burned out and there is no other illumination.	C 162		
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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on November 16, 2023: a. Room 2 - there is a gap in the exterior wall between the PTAC unit and the masonry wall which will allow pests to enter the facility. The wall at the unit is chipped and damaged. b. First Shower Bath - there is a heavy accumulation of dust on the exhaust fan.	C 164	The Rule has been met. The PTAC unit and masonry wall is now repaired and does not allow pests to enter the facility. B. Rule has been met. The C164 exhaust fan has been cleaned.	
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: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 16, 2023: a. Kitchen - there are holes in the ceiling where	C 189	Rule has been met and repaired. Holes and gaps are repaired in the ceiling. All gaps in the Hood Suppression components are done. 12-15-23	

Gmail arettia robinson <pinevalleycare@gmail.com>

ATTN: Rita & Lonzo Hinge Arrival

1 message

Amanda Felt <a.felt@windowanddoorspecialties.com> Tue, Mar 12, 2024 at 11:51 AM
To: "pinevalleycare@gmail.com" <pinevalleycare@gmail.com>

Good Afternoon,
I'm reaching out to you to let you know that your continuous hinges are in. We are just as excited as you to have it installed so you may start enjoying. If you could please let me know what day/days' work best for you and we will try our best to accommodate. We will be in contact in the next couple of weeks for installation, please be mindful that inclement weather can set projects back as well. If you have any questions, please feel free to call or email Tryna, t.gripentrog@windowanddoorspecialties.com. We greatly appreciate your business and look forward to working with you to have your finished product installed soon. Have a great day!

Thank You,

Amanda Felt
a.felt@windowanddoorspecialties.com
Window and Door Specialties
1114 Hay St. Fayetteville, NC 28305
(910)483-2320

Completed
3-20-2024
10:AM

WINDOW and DOOR SPECIALTIES℠

Proud Sponsors of:

Fayetteville WOODPECKERS™

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 189	Continued From page 4 new components for the hood suppression system were installed and the old were removed. b. Kitchen - there are gaps in the ceiling between the ceiling finish and the back of the kitchen hood where new piping has bent the metal on the hood. c. First Shower Room - there is a small hole at the exhaust fan where the fan does not cover the opening. 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire. Findings on November 16, 2023: a. The Dining Room fire extinguisher was on the floor at the back door of the Kitchen. The extinguisher was properly mounted at the time of survey. b. First Shower Room - the heat detector is wrapped up in plastic and tape. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 16, 2023: a. Room 18 - the door does not latch when closed. b. Room 19 - the door rubs on the frame and requires excessive force to open. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189	Rule met. Please See Attachment waiting for Installment of Hinges. Completed today 3-20-24 → First Shower Room the Heat detector plastic And tape removed. 12-10-23 → Rule met - The Door latch has been fixed. Rm 18 Rm-19 - The door has been repaired and now can open easily. 11-30-23	3/12/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 189	Continued From page 5 safe condition. In order to resist the passage of smoke and fire, cross corridor fire doors must not have gaps between the doors. Findings on November 16, 2023: a. Long Hall - when the fire doors are closed there is approximately a 1/2" gap between the doors.	C 189	The door has safe condition no gaps between doors. The 1/2 gap has been fixed between the doors. 11-17-23	
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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: 1. Observations revealed that the facility did not provide adequate lighting in all corridors. Findings on November 16, 2023: a. Back Short Hall - several bulbs in the overhead light appeared to be burned out and the corridor was poorly lit.	C 197	Rule has been met with All lighting. several bulbs in the overhead light have been replaced. The corridor is lit. 11-20-23	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	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 199	Continued From page 6 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on November 16, 2023: a. Biohazard Room - the exhaust fan is not working and there is a strong odor in the room. b. First Shower Room - the exhaust fan is not working.	C 199	The Biohazard Room rule has been met. Soiled linen storage bathrooms And Toilet Rooms, Housekeeping closet and laundry are the Rule has been met. 2/27/24 The Exhaust Ventilation does not build up humidity And Does NOT cause Mildew And Slick Areas NO More odors First Shower room exhaust Fan has been repaired. Rule Meet. 2-27-24	

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

SECOND NOTICE

March 6, 2024
Arettia Robinson, Owner
P. O. Box 35534
Fayetteville, NC 28303

RE: Pine Valley Adult Care Home – ACH Biennial Construction Survey
3522 Camden Road
Fayetteville (Cumberland County)
FID #920393

Dear Ms. Robinson:

The Division of Health Service Regulation (DHSR) – Construction Section conducted a Biennial Survey of your facility on November 16, 2023. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by January 5, 2024.

On January 5, 2024, February 2, 2024, and February 15, 2024, Suzanna Fay, a DHSR – Construction Surveyor, left messages with the staff for Gedarin, and also attempted to contact Ms. Arettia Robinson regarding the Plan of Correction that has not been returned to DHSR – Construction Section.

Enclosed is a copy of the Statement of Deficiencies. You will need to type or print clearly your correction action and then **SIGN, DATE, AND RETURN** the Plan of Correction to DHSR – Construction by March 21, 2024. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705