

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER THE LANDINGS OF SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 200 KELLIE DRIVE SMITHFIELD, NC 27577		
(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 Construction Section Biennial Survey by Ryan Meyer conducted on January 14, 2025. This facility was licensed on April 9, 2020 and is currently licensed for 66 Beds. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	Responses to sited deficiencies does not constitute an admission or agreement by the facility of the truth of alleged or conclusions set forth in this statement of Deficiencies of Corrective Action Report; the plan is solely as a matter of compliance with state law.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interviews with Staff, the facility failed to meet the Code requirements	C 101		

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

TITLE

(X6) DATE

Tracy L Smith, Executive Director

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C 101	Continued From page 1 in effect at the time of construction or alterations by not having all the components required and or procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the doors. Findings on January 14, 2025: a. Fire Alarm Control Panel - the "Special Locking System" does not have an informational wiring diagram and a system components location diagram posted at the FACP including the name, location, and circuit number for the electrical panel that energizes the system. Per interview with Maintenance Director, they have contacted the installing contractor and are waiting for the Drawings.	C 101	Installing contractor to provide a copy of diagram to be posted.	03/10/25
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 facilities. This Rule is not met as evidenced by: 1. Based on observation the walls, ceilings, and floors or floor coverings are not being kept clean and in good repair. Findings on January 14, 2025:	C 164	Two Housekeeping Aides have been added to the team to assist with cleaning and Maintenance Tech will repair and paint affected areas as needed.	03/15/25

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE LANDINGS OF SMITHFIELD

**200 KELLIE DRIVE
SMITHFIELD, NC 27577**

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C 164	Continued From page 2 a. The walls throughout the facility are extremely scuffed as well as drywall damage to common areas and residents' rooms.	C 164		
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 and interview with maintenance director there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on January 14, 2025: a. In the main electrical room there are conduits going through a smoke barrier wall that are sealed with the wrong material. The piping requires the proper material to seal the opening properly. b. In the main laundry room there is a pipe entering and leaving the room that is sealed with the wrong material. The piping requires the proper material to seal the opening properly. 2. Based on observation, this facility has failed to maintain the fire safety components in a safe and	C 189		

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C 189	Continued From page 3 operating condition. Findings on January 14, 2025: a. The set of fire doors going into the main entrance of the SCU has a gap larger than the allowable which is 1/8". b. The exit doors in the SCU do not have the required audible alarms installed. c. There are multiple screamer boxes throughout the facility that do not sound when the cover is removed from its fixture.	C 189	a. Metal strip to be installed to ensure the gap in door is not larger than the allowable which is 1/8". b. Alarms have been installed and/or batteries changed on the SCU exit doors. Weekly checklist implemented to ensure alarms are in working order. c. New batteries installed in screamer boxes that did not sound when cover is removed. Weekly checklist implemented to ensure alarms are in working order.	03/10/25 03/10/25 03/10/25
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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: 2. Based on observation the facility is not maintaining hot water temperatures within the range of 100 to 116 degrees Fahrenheit. Findings on January 14, 2025: a. The hot water temperature throughout the facility is approximately 80 degrees Fahrenheit.	C 195	Tankless water heaters were flushed and reset at 115 degrees. Weekly checklist implemented to ensure hot water is at the appropriate temperature.	03/10/25

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C 199	Continued From page 4	C 199		
C 199	Exhaust Ventilation	C 199		
	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 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. The facility is not keeping its exhaust fan in operable condition. Findings on January 14, 2025: a. There is not a exhaust fan in the SCU spa. b. The exhaust fan in rooms 610 and 103 are not working properly.			
			Maintenance Tech will ensure that exhaust fans are in proper working order. Monthly checklist implemented to ensure exhaust fans are in proper working order.	03/10/2025