

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/19/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ZEBULON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 PONY ROAD</b> <b>ZEBULON, NC 27597</b>
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{C 000}	Initial Comments  Report of a Construction Section Biennial Follow up Survey by Chris Sluder conducted on August 19, 2025.  Deficiencies have been cited which will require a Plan of Correction.	{C 000}		
{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 observations, the facility was not in compliance with code requirements in effect at the time of construction, renovation or alteration. For licensed facilities equipped with special locking, the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Electromagnetic locks shall have an on/off emergency release switch capable	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 101}	Continued From page 1  of interrupting power to all electromagnetically locked doors in the facility. The release switch(es) shall be located and properly identified at each nurse's station serving the locked unit.  Findings on April 9, 2025:  a. When the fire alarm was activated, none of the magnetic locks on the exit doors of the Assisted Living side were released.  b. When the on/off emergency release switch at the Nurse Station was activated, none of the magnetic locks on the exit doors of the Assisted Living side were released.	{C 101}		
{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 record review, the facility's fire safety equipment is not maintained in a safe and operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function.	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>Findings on August 19, 2025:</p> <p>a. Observation of the fire alarm control panel revealed a trouble indicator light was on, indicating trouble in the system. The system recorded 14 trouble signals. The trouble signal included the following: Trouble smoke 203, Tamper Riser B, Low air A B, 100 Hall smoke, Hall @ living room smoke, Admin Hall smoke, Chapel SD, Main Dining SD.</p> <p>Interview with facility staff revealed that quotes were expected today for repair of the fire alarm system. Facility staff did not provide an estimated date for the repairs to occur.</p> <p>2. Based on observation and record review, the facility's fire safety equipment is not maintained in a safe and operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the sprinkler system does not function to suppress a fire.</p> <p>Findings on August 19, 2025:</p> <p>a. Observation of the Sprinkler Riser revealed the control valve for dry sprinkler system 'B' had been turned to the closed position and the gauges on the supply side, system side and on the accelerator were reading zero.</p>	{C 189}		
C 120	<p>10A NCAC 13 F .0309(q) Fire Alarm or Sprinkler Out of Service</p> <p>10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans</p> <p>(q) Where a fire alarm or automatic sprinkler</p>	C 120		

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C 120	<p>Continued From page 3</p> <p>system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, interview, and record review, the facility's sprinkler system was out of service and was not in compliance with this Rule. Failure to communicate with required authorities and perform and record fire watch duties can impact resident safety.</li> </ol> <p>Findings on August 19, 2025</p> <ol style="list-style-type: none"> <li>Observation of the sprinkler riser revealed a portion of the facility's sprinkler system is out of service. The control valve for dry sprinkler system 'B' was in the closed position and the gauges on the supply side, system side and on the accelerator were reading zero. A temporary sprinkler system impairment tag had been applied by a sprinkler vendor. At the time of survey, regional maintenance contacted a sprinkler vendor to assess the</li> </ol>	C 120		

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C 120	<p>Continued From page 4</p> <p>impairment and begin restoring the system to service.</p> <p>b. Interview with facility staff revealed the Division of Health Service Regulation [DHSR] Construction Section had not been contacted concerning the impaired sprinkler system. Staff indicated they were not aware of the Rule change that came into effect June 1, 2025. Staff stated they would reinforce notification procedures to ensure all required parties are informed promptly during system impairments.</p> <p>c. Review of documentation revealed fire watch activities were actively documented through August 12, 2025. At the direction of the Fire Marshal, documentation of fire watch activities resumed.</p>	C 120		