PRINTED: 12/05/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING		10/01/0001		
	HAL011002 ME OF PROVIDER OR SUPPLIER STREET.		ADDRESS, CITY, STATE		12	12/04/2024	
	CONDER OR SUPPLIER		VER BUSH CREEK				
BECKY'S	REST HOME 1		ER, NC 28732				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	DER'S PLAN OF CORRECTION (X RRECTIVE ACTION SHOULD BE COMP ERENCED TO THE APPROPRIATE DA DEFICIENCY)		
D 000	Initial Comments		D 000				
	The Adult Care Licensure Section conducted an annual survey on 12/04/24.						
D 108	10A NCAC 13F .0311(b)(2) Other Requirements		D 108				
	 (b) There shall be a maintain 75 degrees winter design conditi following shall apply appliances. (2) Unvented fuel bu portable electric heat 	to heaters and cooking urning room heaters and					
		ns and interviews, the facility use of a portable electric					
	The findings are:						
		2/04/24 at 9:15am revealed electric heater, plugged in					
	revealed: -The baseboard hea	sident on 12/04/24 at 9:16am t in the room made the room					
	medication aide (MA electric heater.	use the baseboard heat so a .) gave her the portable mber which MA gave her the					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION HAL011002 NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		12	/04/2024	
			VER BUSH CREEK			
BECKY'S	REST HOME 1		ER, NC 28732			
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE COMPLE THE APPROPRIATE DATE	
D 108	Continued From page 1		D 108			
	 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Interview with a MA on 12/04/24 at 9:20am revealed: -He knew portable electric heaters were not to be used in the facility. -He did not know the heater was in use in the resident's room or where it came from. Interview with the maintenance staff on 12/04/24 at 9:34am revealed: -He knew portable electric heaters were not to be used in the facility and did not know it was in the resident's room. -The facility used baseboard heat and that was sufficient. -Sometimes family members brought in items like heaters. Interview with the Administrator on 12/04/24 at 9:40am revealed: -Portable electric heaters were not allowed in the facility. -She did not know the heater was in the resident's room. -The resident did not like staff in her room and the heater went undetected. 					
sion of Hea	alth Service Regulation					

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