

PRINTED: 12/05/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME 1		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BUSH CREEK ROAD FLETCHER, 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 12/04/24.	D 000		
D 108	10A NCAC 13F .0311(b)(2) Other Requirements 10A NCAC 13F .0311 Other Requirements (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. This rule apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to prohibit the use of a portable electric heater in one resident's room. The findings are: Observation during the initial tour of one resident's room on 12/04/24 at 9:15am revealed there was a portable electric heater, plugged in and operating, on the floor near the door. Interview with the resident on 12/04/24 at 9:16am revealed: -The baseboard heat in the room made the room too hot. -She did not want to use the baseboard heat so a medication aide (MA) gave her the portable electric heater. -She could not remember which MA gave her the heater.	D 108	AM Staff have been informed at a staff meeting was held and discussed portable electric heaters are not allowed in the facility. They had been instructed that if a heater is observed they are to removed it and notify the Administrator. Resident Council meeting to review with all residents that electrical heaters were not allowed and residents families and POA's will be notified. The Maintenance Director will monitor rooms weekly and report findings to Administrator.	12/5/24 12/10/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Becky N. McEntosh

TITLE

Administrator

(X6) DATE

12/16/24

STATE FORM

5000

IDFV41

If continuation sheet 1 of 2

Reviewed and acknowledged 12/17/24 RP

Division of Health Service Regulation

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D 108	<p>Continued From page 1</p> <p>Interview with a MA on 12/04/24 at 9:20am revealed:</p> <ul style="list-style-type: none"> -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. <p>Interview with the maintenance staff on 12/04/24 at 9:34am revealed:</p> <ul style="list-style-type: none"> -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. <p>Interview with the Administrator on 12/04/24 at 9:40am revealed:</p> <ul style="list-style-type: none"> -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. 	D 108		