| AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>   |  | (X3) DATE SURVEY COMPLETED  |      |                          |
|---|---|--|--|---|------|--------------------------|
|   |   | FCL046004  | B. WING                                    |   | 02/1 | 3/2015                   |
| DELOATCH'S REST VILLA I   |   |  | DRESS, CITY, S<br>VISTOWN RO<br>ESBORO, NO |   |      |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE |
| C 000   | Initial Comments  |  | C 000                                      |   |      |                          |
|   | Survey on February referenced facility. home was first licer Family Care Home rules at this time on capacity of five Res 1, 1983 the building for a maximum of s April 1, 1984 Licens allow for a maximum well. Your home is a capacity of six (6) a to evacuate and resverbal assistance demergency). Based requiring the home the following: the 19 Homes Minimum and Regulations", the appropriate 10 NCAC 13 and the 1978 (Revision Regulations). | a Section conducted a Biennial of 13, 2015 at the above DHSR records indicate the used on February 1, 1975 as a for five Residents. Licensure ly allowed for a maximum idents. Effective on February code was amended to allow itx Residents, and effective on sure Rules were revised to m capacity of six residents as currently licensed with a ll-ambulatory residents (able spond without any physical or |  |   |      |                          |
|   |   | sit, we cited deficiencies that<br>ble plan of correction. They are  |  |   |      |                          |
| C 174   | Building Equipment  | Maintained Safe, Operating   | C 174                                      |   |      |                          |
|   | EQUIPMENT (a) The building ar   | THE BUILDING  17 BUILDING SERVICE  and all fire safety, electrical, sumbing equipment in a family  |  |   |      |                          |

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

(X6) DATE TITLE

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                          |  |      | DATE SURVEY<br>COMPLETED |  |
|---|--|--|--------------------------|--|------|--------------------------|--|
|   |  |  | A. BOLDING. VI           |  |      |                          |  |
|   |  | FCL046004  | B. WING                  |  | 02/1 | 3/2015                   |  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, S           | STATE, ZIP CODE  |      |                          |  |
| DELOAT  | CH'S REST VILLA I  |  | VISTOWN RO<br>ESBORO, NO |  |      |                          |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY) | D BE | (X5)<br>COMPLETE<br>DATE |  |
| C 174   | Continued From pa  | ge 1   | C 174                    |  |      |                          |  |
|   | care home shall be maintained in a safe and operating condition.  (j) This Rule shall apply to new and existing family care homes.   |  |                          |  |      |                          |  |
|   | This Rule is not met as evidenced by:  1. The outlet in the upstairs bathroom is not a GFCI outlet and did not trip when tested. The 1975 NEC required bathroom outlets to be GFCI outlets. Have a qualified person replace the outlet with a GFCI outlet. Provide documentation of the repairs. |  |                          |  |      |                          |  |
|   | 2. There is an exterior outlet on the side of the sitting room addition. When the outlet was tested, it tripped but would not reset. Have a qualified person repair or replace the outlet at this location. Provide documentation of the repairs.  |  |                          |  |      |                          |  |
|   | 3. There is an exterior outlet between the exterior storage room and the entry to the private den. At the time of this survey, the outlet would not trip when tested. Have a qualified person repair or replace the outlet. Provide documentation of the repairs.                                |  |                          |  |      |                          |  |
|   | the door knob to the bedroom was loose   | is survey, it was observed that<br>e closet in the single resident<br>e. Have a qualified person<br>dware. Provide verification of |                          |  |      |                          |  |
| C 177   | Building Service Eq  | uipment-Hot Water  | C 177                    |  |      |                          |  |
|   | EQUIPMENT (d) The hot water  | THE BUILDING 17 BUILDING SERVICE tank shall be of such size to be supply of hot water to the                                       |                          |  |      |                          |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b> |  | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---|---|--|--|--|-------------------|--------------------------|
|   |   | FCL046004  | B. WING  |  | 02/13/2015        |                          |
| NAME OF F   | PROVIDER OR SUPPLIER  |  | DRESS, CITY, S                                     | STATE, ZIP CODE  | 1 02/1            | 0/2010                   |
| DELOAT  | CH'S REST VILLA I   |  | VISTOWN R  |  |                   |                          |
|   |   |  | SBORO, NO  |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                                | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ILD BE            | (X5)<br>COMPLETE<br>DATE |
| C 177   | Continued From pa   | ge 2   | C 177  |  |                   |                          |
|   | temperature at all fi<br>be maintained at a<br>(38 degrees C) and<br>F (46.7 degrees C)<br>(j) This Rule shall<br>family care homes.<br>This Rule is not me<br>1. At the time of the<br>temperature taken<br>degrees Fahrenheit<br>water heater temper<br>the water was run of<br>Temp Log was left at<br>temperature readin<br>days. Record your | apply to new and existing et as evidenced by: is survey, the water at the kitchen sink was 119 t. During the survey, the erature was turned down and out of the tank. A Hot Water at the facility. Take water gs three times a day for three findings on the Water Log and ISR/Construction Section with   |  |  |                   |                          |
| C 118   | and size to meet the to age and sex of the or supervisor-in-charcother persons living not to share bedroom non-residents.  b. Only rooms authoused for resident's c. A room where ackitchen, or another for a resident's bed. There must be a   | JCAC 42C .2205) Dedrooms sufficient in number de individual needs according the residents, the administrator darge, other live-in staff and any going in the home. Residents are doministrated as bedrooms are to be desired bedrooms. The bedrooms are to be a bedrooms. The bedroom will not be approved | C 118  |  |                   |                          |

|                          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                         |  |        | K3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|--|-------------------------|--|--------|------------------------------|--|
|                          |  |  |                         |  |        |                              |  |
| FCL046004                |  | B. WING  |                         | 02/1   | 3/2015 |                              |  |
| NAME OF                  | PROVIDER OR SUPPLIER   |  |                         | STATE, ZIP CODE  |        |                              |  |
| DELOAT                   | CH'S REST VILLA I  |  | VISTOWN R<br>ESBORO, NO |  |        |                              |  |
| 240.15                   | CLIMMA DV CTA  |  |                         |  | TION   | 0.50                         |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE | (X5)<br>COMPLETE<br>DATE     |  |
| C 118                    | Continued From pa  | ge 3   | C 118                   |  |        |                              |  |
|                          | minimum area of 80 excluding vestibule rooms occupied by e. The total numbe bedroom must not of for that particular bef. A bedroom may three residents. g. Each resident be window(s) and well must be equivalent floor space. The w to see outdoors from maximum 36 inch sh. Bedroom closets enough to provide 6 of 48 cubic feet of h  | not be occupied by more than adroom must be ventilated with lighted. The window area to at least eight percent of the indow(s) must be low enough me the bed and chair, with a sill height. It is or wardrobes must be large each resident with a minimum nanging clothing storage space feet deep by three feet wide  |                         |  |        |                              |  |
|                          | private (single bed) interior bedroom. A constructed creating the house. The living single bedroom so living room. Therefore the lighting and venture emergency exiting requirements of both Licensure Rules. It four private bedroom hall that could be used to be the construction of the could be used to be used to be the could be used to be used to be the could be used to be the could be used to be the could be used to b | et as evidenced by: ey, it was observed that the resident bedroom is an At some time, an addition was g a living room on the front of ng room extends past the that the window opens into the fore, this room does not meet atilation requirements, requirements nor the visual th the NCSBC and the 1984 the was observed that there are ms on the opposite end of the sed for a Resident bedroom. The open sed for the Resident or modify five Residents. Send a |                         |  |        |                              |  |

Division of Health Service Regulation

revised plan to DHSR/Construction Section or

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> | (X3) DATE SURVEY<br>COMPLETED |
|---|--|---|-------------------------------|
|   | FCL046004  | B. WING   | 02/13/2015                    |

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **DELOATCH'S REST VILLA I**

## 104 E LEWISTOWN ROAD MURFREESBORO, NC 27855

| MURFREESBORO, NC 27855   |  |                     |  |                          |  |  |  |  |
|--------------------------|--|---------------------|--|--------------------------|--|--|--|--|
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |  |  |  |
| C 118                    | Continued From page 4  | C 118               |  |                          |  |  |  |  |
|                          | submit a Change of Capacity request to Licensure.  |                     |  |                          |  |  |  |  |
| C 119                    | Bathroom   | C 119               |  |                          |  |  |  |  |
|                          | IV. The Building C. Physical Environment 5. Bathroom (10 NCAC 42C .2206) a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. c. The bathroom(s) must be designed to provide privacy. A bathroom with more than one toilet or tub/shower must have privacy partitions or curtains. d. Entrance to the bathroom is not to be through a kitchen, another person 's bedroom, or another bathroom. e. The bathroom must be located as conveniently as possible to the resident 's bedrooms. f. Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. g. Nonskid surfacing or strips must be installed in showers and bath areas. h. The bathroom must be well lighted and adequately ventilated. i. The bathroom floor must have a non-slippery water-resistant covering. |                     |  |                          |  |  |  |  |
|                          | This Rule is not met as evidenced by:  |                     |  |                          |  |  |  |  |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                          |  |            | DATE SURVEY<br>COMPLETED |  |
|--|---|---|--------------------------|--|------------|--------------------------|--|
|  |   | 7. Bolesine. C1   |                          |  |            |                          |  |
|  | FCL046004   |   | B. WING                  |  | 02/13/2015 |                          |  |
| NAME OF I  | PROVIDER OR SUPPLIER  | STREET ADD  | DRESS, CITY, S           | STATE, ZIP CODE  |            |                          |  |
| DELOAT   | CH'S REST VILLA I   |   | VISTOWN RO<br>ESBORO, NO |  |            |                          |  |
| (X4) ID<br>PREFIX<br>TAG                             | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE       | (X5)<br>COMPLETE<br>DATE |  |
| C 119  | facility currently has home. There is one equipped with hand bath on the other si bathroom does not or tub. Bathrooms have hand grips on tub/shower. Based bathroom is sufficients full capacity of si be made available to   | ge 5 ensed for six Residents. The four Residents living at the bath for the Residents that is grips. There is a second full de of the living room. This have hand grips on the toilet used by the Residents must the toilet and at the on current census, the one nt. Should the facility reach a x, the second bathroom must o the Residents and hand led at the toilet and at the tub.  | C 119                    |  |            |                          |  |
| C 123  | a. All floor levels methere are only two, from each other as b. At least one entropy must be a minimum eight inches. c. At least two outstresidents' floor level accessible by rampinches of length of the entrances/exits, the remote from each of (The requirement for ground level applies one resident who negetting up or down d. All exit door lock | ust have at least two exits. If the exits must be as remote reasonably possible. ance/exit door must be a h of three feet and another a clear width of two feet and ide entrances/exits for the I must be at ground level or with a 1 inch rise for each 12 the ramp. If there are only two entrances/exits must be as other as reasonably possible. Or the ramp at exits not at set to homes which have at least eeds personal assistance in | C 123                    |  |            |                          |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b> |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|--|---|--|---|-------------------------------|--------------------------|
|  |  |   | A BOLDING. 01                                      |   |                               |                          |
|  |  | FCL046004   | B. WING  |   | 02/1                          | 3/2015                   |
| NAME OF  | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S                                     | STATE, ZIP CODE   |                               |                          |
| DELOAT   | CH'S REST VILLA I  |   | VISTOWN R<br>ESBORO, NO                            |   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 123  | Continued From pa  | ge 6  | C 123  |   |                               |                          |
|  | without keys. e. All entrances/ex obstructions or imprinstant use in case f. All steps, porche provided with hands.  This Rule is not me 1. The back exit step that, when engaged Remove or dismant Remove any hook a storm door. These verification of the construction of the construction of the construction. Have a qualified per later than the sitting requires an aluminum framing that the stile is only Have a qualified per later than the stile is only have a qualified per later than the stile is | it must be free of all ediments to allow for full of fire or other emergency. s, stoops and ramps must be rails and guardrails. et as evidenced by: orm door has thumb latches I, prohibit single action exiting. the storm door thumb latch. and eye latches from the are not single action. Provide |  |   |                               |                          |