Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANUFLAN	OF CORRECTION	DENTI TONTON NOMBER	A. BUILDING:	01			
		FCL046004	B. WING		03/2	4/2015	
NAME OF I	DOMOGRO OR SURPLIER		DRESS CITY S	STATE, ZIP CODE			
104 E LEWISTOWN ROAD							
DELOATCH'S REST VILLA I MURFREESBORO, NC 27855							
(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 SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	TIVE ACTION SHOULD BE COMPLETE DED TO THE APPROPRIATE DATE		
(C 000). Initial Comments		{C 000}					
	Report by Suzanna Fay A Biennial Follow-up Survey was conducted on March 24, 2015 from 12:50 p.m. to 1:22 p.m. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:			CONSTRUCTION SECTION APR 1/4 2015 RECEIVED			
{C 118}	(C 118) Bedrooms					j	
	and size to meet the to age and sex of the or supervisor-in-cha other persons living not to share bedrood non-residents. b. Only rooms auth used for resident 's c. A room where ac kitchen, or another for a resident 's be d. There must be a feet, excluding vest space, in rooms oc minimum area of 86 excluding vestibule rooms occupied by e. The total numbe bedroom must not for that particular be f. A bedroom may three residents. g. Each resident be window(s) and well	edrooms sufficient in number e individual needs according he residents, the administrator arge, other live-in staff and any in the home. Residents are mis with staff or other live-in horized as bedrooms are to be bedrooms. Coess is through a bathroom, bedroom will not be approved droom. In minimum area of 100 square libule, closets or wardrobe cupied by one person and one of square feet per bed, closet or wardrobe space, in two or three persons. In of residents assigned to a exceed the number authorized.					
Owision of H ABORATOR	ivision of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (Xe) DATE ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (Xe) DATE (Xe) DA						

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING _ 03/24/2015 FCL048004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 104 E LEWISTOWN ROAD DELOATCH'S REST VILLA I MURFREESBORO, NC 27855 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 118) (C 118): Continued From page 1 must be equivalent to at least eight percent of the floor space. The window(s) must be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height. h. Bedroom closets or wardrobes must be large enough to provide each resident with a minimum of 48 cubic feet of hanging clothing storage space (approximately two feet deep by three feet wide of hanging space by eight feet high). This Rule is not met as evidenced by: 1. During this survey, it was observed that the private (single bed) resident bedroom is an interior bedroom. At some time, an addition was constructed creating a living room on the front of the house. The living room extends past the single bedroom so that the window opens into the living room. Therefore, this room does not meet the lighting and ventilation requirements. emergency exiting requirements nor the visual requirements of both the NCSBC and the 1984 Licensure Rules. It was observed that there are four private bedrooms on the opposite end of the hall that could be used for a Resident bedroom. This bedroom cannot be used as a bedroom. Provide another room for the Resident or modify the license to have five Residents. Send a revised plan to DHSR/Construction Section or belongings have been relocated to new bedroom on the opposite and of the hale, submit a Change of Capacity request to Licensure. 3/24/15: SF-At the time of the follow up survey, a bedroom was prepared for the Resident, but he was still residing in the interior bedroom. Relocate the Resident and his belongings to the new location. Provide verification of the move.

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/24/2015 FCL048004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 104 E LEWISTOWN ROAD DELOATCH'S REST VILLA! MURFREESBORO, NC 27855 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 123} {C 123} Continued From page 2 (C 123) (C 123) Outside Entrances/Exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys. e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. - Maintenance has dismantle the locking mechanism on the dear 4/13/15 f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: The back exit storm door has thumb latches Haumb latch. that, when engaged, prohibit single action exiting. Remove or dismantle the storm door thumb latch. Remove any hook and eye latches from the storm door. These are not single action. Provide verification of the correction.

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 B. WNG FCL046004 03/24/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 104 E LEWISTOWN ROAD DELOATCH'S REST VILLA I MURFREESBORO, NC 27855 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY (C 123) {C 123} Continued From page 3 3/24/15: SF-At the time of the follow up survey, the hook and eye latch had been removed. The storm door still had a working thumb latch. Remove or dismantle the thumb latch. Provide verification of the repairs. The exterior door of the sitting room has a dead bolt latch which does not meet the single action exiting requirements. The door is part of an aluminum framing system and it was observed There have reverel that the stile is only approximately 3 inches. Have a qualified person investigate options to provide single action hardware for this door. additional attemps to find an appropriate door 3/24/15: SF-At the time of the follow up survey, the Provider has been to several hardware stores to fit the door in question. and has not been able to find single action door hardware to fit the door in question. Contact However, the compound that 4/19/5 manufacturers of the same or similar system to Instulces the surrounis see if a single action door is available. Provide verification of the attempts or the door hardware if no longer in business. purchased. (Sunrooms of America - Melani Bres. 2025 George Woshington Memorino HWY. YORK town, UA 23693 7880-899-008-1 LIC # 2705-027328A) We have however found and ordered a broad new door that will take 5-8 business days before it will be received. Installment and Repures are projected to be done before the end of April

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