| | of Health Service Re T OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
|--------------------------|--|---|----------------------------|--|--------------------------------|--------------------------|
| | | | | A. BUILDING: 01 | | PLETED |
| | | HAL043024 | B. WING | | 04/ | 10/2015 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| SENTER' | S REST HOME | | S CLUB ROAI VARINA, NC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| C 000 | Initial Comments | | C 000 | | | |
| | | I Construction Survey by Billy Cates conducted on | | | | |
| | submitted for licens The facility is curre Special Care Unit. surveyed for confor portions of the 2009 Care Homes of Sev applicable portions North Carolina Buil Occupancy and the | his facility was first licensed or sure on 02/02/1973 as an HA. Intly licensed for a 50 Bed Therefore the facility was rmance with the applicable 5 Rules for Licensing of Adult ven or More Beds and of the 1967 Edition of the ding Code(s), Institutional e 1971 Rules for Licensing of of Seven or More Beds in f initial licensure. | | | | |
| C 164 | Housekeeping and | Furnishings-Clean, Repaired | C 164 | | | |
| | FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of | 06 HOUSEKEEPING AND | | | | |
| | keep ceilings in goo | ation the facility has failed to od repair; there is a pattern of ngs. The following are some | | | | |
| | | 0/2015 m #1 and Room # 4 - The -in tiles are uneven and out of | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
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| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | E CONSTRUCTION 01 | | E SURVEY PLETED |
| | | HAL043024 | B. WING | | 04/ | 10/2015 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| SENTER | 'S REST HOME | | LS CLUB ROA VARINA, NC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| C 164 | Continued From pa | ige 1 | C 164 | | | |
| | plumb. | | | | | |
| | | gen Storage Room - The en, out of plumb and there are eiling tiles. | | | | |
| | C. Kitchen Pantry - There is a hole on the ceiling. | | | | | |
| | D. North Hall - Roo uneven and out of p | m #10 - The ceiling grid is blumb. | | | | |
| | | troom Adjacent to Room #3 - ineven, out of plumb and there in ceiling tiles. | • | | | |
| | F. Laundry - The la | y-in ceiling tile is broken. | | | | |
| | G. Employee Bathr are moldy | oom - The lay-in ceiling tiles | | | | |
| | H. Electrical Room ceiling grid and the | - There are gaps between the lay-in ceiling tiles. | | | | |
| | I. Linen Closet - Th | e lay-in ceiling tiles are moldy. | | | | |
| | J. South Hall - Roo diffuser is clogged | m #2 - The ceiling HVAC with dust. | | | | |
| | | ration the facility failed to keep ishes in good repair. | | | | |
| | Findings from 04/10 A. Bathing Spa - Th partition is missing | ne ceramic tile at the shower | | | | |
| | | Door - At the door threshold and the vinyl floor tiles are | | | | |
| | C. South Hall - Res lealth Service Regulation | trooms Adjacent to Rooms #6 | | | | |
| | - | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043024 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--|--|-----------------------------------|------------------------|
| | | HAL043024 | | | 04/ | 10/2015 |
| AME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, S ⁻ | TATE, ZIP CODE | | |
| ENTER | 'S REST HOME | | S CLUB ROAI VARINA, NC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| C 164 | ···· · · · · · · | age 2 is missing some ceramic floor | C 164 | | | |
| | III. Based on obser plumbing fixtures ir | vation the facility failed to keep a good repair. | | | | |
| | | /2015: troom Adjacent to Room #11 - he caulking around the tub. | | | | |
| | IV. Based on obser furniture in good re | vation the facility failed to keep pair | | | | |
| | The side chair uph | troom Adjacent to Room #5 - | | | | |
| C 166 | Housekeeping-Mai | ntained Free of Hazards | C 166 | | | |
| | FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards; | 06 HOUSEKEEPING AND | | | | |
| | I. Based on observ maintained in a haz bottles stored with other means to pre | et as evidenced by: ation the facility failed to be zard free manner. Oxygen out any restraining device or event them from falling or being present a danger to the acility | | | | |
| | Finding from 04/10 | /2015: | | | | |

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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | | A. BUILDING: 01 | | | |
| | | HAL043024 | B. WING | | 04/ | 10/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| SENTER | 'S REST HOME | | _S CLUB ROA ′ VARINA, NC | | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | WUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | COMPLETE |
| C 166 | Continued From pa | ige 3 | C 166 | | | |
| | and unrestrained. | vere stored standing upright ile surveyor was on site. | | | | |
| | maintained in a haz egress was obstruc egress could effect | vation the facility failed to be zard free manner. A path of cted. An obstructed path of facility occupants using the xit the building in an g evacuation. | | | | |
| | on the asphalt crea | /2015: exit gate from the fence binds ting an obstruction by from opening its full exit | | | | |
| C 175 | Bedroom Furnishin | gs-Clean Towel, Towel Bar | C 175 | | | |
| | FURNISHINGS (b) Each bedroom s furnishings in good resident: (7) individual clean bar in the bedroom | PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing | ł | | | |
| | supply towel bars a | ation the facility has failed to s required. There is a pattern ged towel bars; the following | | | | |
| | Findings from 04/10 A. North Hall - Rest The towel rack is m | troom Adjacent to Room #5 - | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | . , | CONSTRUCTION | | E SURVEY PLETED | |
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| AND PLAN | OF CORRECTION | | | 1 | COM | PLETED |
| | | HAL043024 | B. WING | | 04/ | 10/2015 |
| IAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| ENTER | 'S REST HOME | | LS CLUB ROAI VARINA, NC 🔅 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| C 175 | Continued From pa | ge 4 | C 175 | | | |
| | B. North Hall - Rest The towel rack is m | room Adjacent to Room #11 - issing. | | | | |
| | | trooms Adjacent to Rooms #6 I racks are damaged. | | | | |
| | D. Resident Rooms have damaged tow | Many of the resident rooms el racks. | | | | |
| C 189 | Building Equipment | Maintained Safe, Operating | C 189 | | | |
| | mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex | 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and | | | | |
| | maintained in a safe that are not maintai pose a danger to al the event of a fire th | et as evidenced by: ation, fire alarm devices were e manner. Fire alarm devices ned in a safe manner could I occupants of the facility if in he alarm the device did not system due to malfunction. | | | | |
| | Findings from 04/10 A. North Hall - Roo detector is hanging | m #8 - The closet heat | | | | |
| | B. North Hall - Roor detector is hanging | m #9 - The closet heat from its wiring. | | | | |

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|--------------------------|--|---|--|--|------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: 0 | CONSTRUCTION | | E SURVEY PLETED |
| | HAL043024 | | B. WING | | 04/10/2015 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, SI | TATE, ZIP CODE | | |
| SENTER | 'S REST HOME | | LS CLUB ROAI | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| C 189 | Continued From pa | age 5 | C 189 | | | |
| | equipment is not m Emergency lighting function properly co by failing to provide emergency. Findings from 04/10 A. North Hall - Adja mounted emergence tested. B. Laundry - The er directional sign is n III. Based on obser equipment are not b condition. A. Electrical Room breaker panel wher are missing. North hardware is not fun B. Small Generator | acent to Room #3 - The wall cy light did not work when mergency illuminated tot working. vation, the electrical wiring and being maintained in a safe - There are openings in the re the blanks for the spares Hall - Room #11 - The door | | | | |
| C 199 | evidence of water in Exhaust Ventilation | ntrusion into the space. | C 199 | | | |
| | SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhar two cubic feet per r requirement does r | PHYSICAL PLANT 11 OTHER and in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed 4, with natural ventilation in acces: | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
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| | | | | | | |
| | | HAL043024 | B. WING | | 04/ | 10/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| SENTER | 'S REST HOME | | LS CLUB ROAI (VARINA, NC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| C 199 | Continued From page 6 (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: I. Based on observation there is a failure to meet the requirements for providing exhausts in specified rooms. This could affect occupants in those areas of the facility. Findings from 04/10/2015: A. South Hall - Restrooms Adjacent to Rooms #6 and #11 - The exhaust fans do not work. B. North Hall - Restroom Adjacent to Room #11 - The exhaust fan is not working. | | | | | |
| | C. North Hall - Res The exhaust fan is | troom Adjacent to Room #3 - not working. | | | | |