

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2015
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NAME OF PROVIDER OR SUPPLIER DIXON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 716 WALL STREET GRIFTON, NC 28530
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(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
C 000	<p>Initial Comments</p> <p>Report of a Complaint Investigation by Billy S. Brynat and Greg Cates conducted on 07/01/2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure on 02/01/1980 as a HA. The facility is currently licensed for 80 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p> <p>The Complaint was substantiated.</p>	C 000		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: I. Based on review of documentation provided by the facility staff the facility is not in compliance</p>	C 185		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 185	<p>Continued From page 1</p> <p>with the requirements for conducting fire evacuation rehearsals at regular intervals for each working shift. If evacuation of the facility were needed for an actual fire or other emergency, lack of fire evacuation rehearsals for each working shift could result in delays and oversights in the evacuation of the facility.</p> <p>A. Finding from 07/01/2015: 1. The only documented fire evacuation rehearsal since 01/01/2015 was conducted on 06/11/2015 for the staff 1st and 2nd shifts.</p>	C 185		