(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL043003 09/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **HWY 301 NORTH** JOHNSON BETTER CARE FACILITY, INC. **DUNN, NC 28335** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 09/07/2016. Records indicate this facility was first licensed on 07/24/1979. The facility is currently licensed for 50 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 1967 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. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation the facility does not

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL043003	B. WING		09/0	7/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HWY 301 NORTH DUNN, NC 28335							
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C 101	meet building code time of renovation. Finding on 09/07/20 1. Room #16 - Thei paneling installed the	minimum requirements at the 016: re is 1/4" thick wainscoat nat does not meet the 'Class B' rements for room finishes in	C 101				
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;	C 164				
	ceilings in good rep Finding on 09/07/20 a. Room #12 and R is peeling away from	ation the facility has not kept air. 016: coom #21 - The finish material in the ceiling.					
C 175	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (b) Each bedroom s furnishings in good resident:	gs-Clean Towel, Towel Bar PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel	C 175				

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HAL043003		B. WING 09/0			07/2016			
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JOHNSO	N BETTER CARE FA	CILITY, INC.	NORTH 28335					
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C 175	Continued From page 2			C 175				
		or an adjoining bathro apply to new and exis						
	This Rule is not met as evidenced by: 1. Based on observation the facility has not provided a towel bar in the bedroom or an adjoining bathroom for each resident.							
	rooms that accomm	016: ns located between res nodate four residents h available for resident u	nave					
C 189	Building Equipment	Maintained Safe, Ope	erating	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, electri umbing equipment in a maintained in a safe a	an adult and ting					
	maintain the facility manner. Penetratio rated ceilings could	ation there is a failure is fire safety systems in sor holes in fire resist effect the occupants in and smoke to spreams.	n a safe stant of the					
		2016: ous location there are oping where it penetrate						

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
JOHNSO	N BETTER CARE FA	CILITY, INC. HWY 301					
		DUNN, NO	28335				
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C 189	Continued From pa	ge 3	C 189				
	ceiling.						
		There are gaps around re they penetrates the ceiling.					
	c. Office - There are gaps around data cables where they penetrates the ceiling.						
	d. Office Small Bathroom - There are gaps around data cables where they penetrates the ceiling.						
	2. Based on observation the facility's fire safety is not maintained. Failure to maintain fire safety equipment in could effect occupants of the facility if the equipment did not operate properly in the event of a fire.						
	Finding on 09/07/2016: a. The tags attached to the fire extinguishers that indicate they are inspected on a monthly basis were not initialed and dated.						
	maintain the facility safe operating cond facility could be efferemain closed as re-	ration there is a failure to 's fire safety equipment in a dition. The occupants in the ected if doors do not latch and equired so as to limit the fire to the area of origin.					
		016: loor to the corridor did not in shut when closed.					
	maintain the facility safe operating cond	ration there is a failure to 's electrical equipment in a dition. This could effect a he device did not operate as el;electrical shock.					

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		HAL043003		B. WING		09/	07/2016
	PROVIDER OR SUPPLIER	CILITY, INC.	REET ADD WY 301 I UNN, NC	NORTH	STATE, ZIP CODE		
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C 189	Finding on 09/07/20) 16: GFCI electrical outlet is		C 189			
C 199	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appid This Rule is not med 1. Based on observe provide exhaust verified in the state of the shall of the shall of the shall of the shall not appid the shall is not med 1. Based on observe provide exhaust verified in the shall of	ed in this Paragraph shaust ventilation at the rate ninute per square foot. ot apply to facilities licer, with natural ventilation ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (ely to existing facilities. et as evidenced by: ation the facility did not ntilation as required.	e of This nsed in	C 199			

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