of Health Service Re	guianon		S SONISTRUCTION	(X3) DATE SUI	RVEY	
STATEMENT OF DEFIDIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CONRECTION IDENTIFICATION NUMBER:				COMPLETED		
SE CORRECTION	THE STATE OF THE S	A. BUILDING:	wi .	1		
HAL011002		B. WING		06/22/2016		
PROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, 6	STATE, ZIP GODE			
REST HOME 1	FLETCHE	R, NC 2873				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)		PREFIX TAG	JUACH CORRECTIVE ACTION SHOU	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
Initial Comments		C 000			1	
Report of Biennial Harrell on 8-22-20	Construction Survey by Dennis 16.					
submitted on 8-1-1 licensed for 12 res information we are the 1977 Minimum Regulations for Hothe current Rules for More Beds and Code.	982. The facility is currently idents. Based on this requiring the facility to meet and Desired Standards and mes for the Aged and Infirm, or Adult Care Homes of Seven the 1978 NC State Building	C 111	Sanctation, Fire and	Beuthin	9	
SECTION .0300 - 10A NCAC 13F .0 CONSTRUCTION f) The facility shall fire and building s	PHYSICAL PLANT 302 DESIGN AND (I have current sanitation and afety inspection reports which		these inspections is maintained in a bine the cuter office for	contract Surveyed	rl	
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	PROVIDER OR SUPPLIER REST HOME 1 SUMMARY STA (SACH DEFICIENCY REGULATORY OR L Initial Comments Report of Biennial of Harrell on 8-22-20* Records indicate the submitted on 8-1-1 licensed for 12 resinformation we are the 1977 Minimum Regulations for House the 1977 Minimum Regulations for House the Corrent Rules for More Beds and Code. Must Have Current SECTION .0300 - 10A NCAC 13F .03 CONSTRUCTION f) The facility shall fire and building seshall be maintained review. This Rule is not in Based on a review fire alarm system 12-17-2013. Fire inspected and appendiculations are the system fire. 9 Building Equipme SECTION .0300 - 10A NCAC 13F .03 REQUIREMENTS (a) The building sething section of the system fire.	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011002 PROVIDER OR SUPPLIER REST HOME 1 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BIT PRECEDED BY PULL REGULATORY OR LSG IDENTIFYING INFORMATION) Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 6-22-2016. Records indicate this facility was first licensed or submitted on 6-1-1982. The facility is currently licensed for 12 residents. Based on this information we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the current Rules for Adult Care Homes of Seven or More Beds and the 1978 NC State Building Code. Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule Is not met as evidenced by: Based on a review of documents, the most recent fire alarm system inspection report was dated in 12-17-2013. Fire alarm systems must be inspected and approved annually as required to ensure the system can operate properly an actua fire. Building Equipment Maintained Safe, Op. SECTION .0300 - PHYSICAL PLANT	TOF DEFIDIENCIES OF CORRECTION HALO11092 S. WING	TO DEFICIENCIES OF CORRECTION (A1) PROVIDERSUPPLIER TREST HOME 1 SUMMARY STATEMENT OF DEPICIENCIES ((EACH DEPICIENCY MUST 8) PROCEDURE OF YULL REGULATORY OR LSG IDENTIFYING INFORMATION) Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 6-2-2-2016. Records indicate this facility was first licensed or submitted on 6-1-982. The facility is currently licensed for 12 residents. Based on this information we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the current Rules for Adult Care Homes of Seven or More Beds and the 1978 NC State Building Code. Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0332 DESIGN AND CONSTRUCTION(1) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and sysilable for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent fire airm system may be many system inspection report was dated in 12-17-2013. Fire airm systems must be inspected and approved annually as required to ensure the system can operate properly an actual fire. Building Equipment Maintained Safe, Op SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS C 189 C 189 C 189 C 189 C 189	TO FORTICENCIES OF CONNECTION (X1) PROVIDER MANABIER: IDENTIFICATION MANABIER: HALD11002 HALD11002 B. WINNO STREET ADDRESS, CITY, STATE, ZIP CODE 318 LOWER BUSH CREEK ROAD PLETCHER, NC 28732 PROVIDER OR SUPPLIER REBT HOME 1 SIMMARY STATEMENT OF DEPOSINGIES (BACH DISPIGLISTY MUST BE PROGROUD BY PLUI (BACH DISPIGLISTY MUST BE PLAN OF CONTRECTION BACULO BE CROSS-REFERNOR BLAN OF CONTRECTION (BACH CORRECTIVE ACTION BACULO BE CROSS-REFERNOR BLAN OF CONTRECTION (BACH CORRECTIVE ACTION BACULO BE CROSS-REFERNOR BLAN OF CONTRECTION (BACH CORRECTIVE ACTION BACULO BE CROSS-REFERNOR BLAN OF CONTRECTION (BACH CORRECTIVE ACTION BACULO BE CROSS-REFERNOR	

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

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	of Health Service Re	gulation		COURTNIATION	(X3) DATE SUI	EVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XII) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION REMOCES.		A. BUILDING: 01				
	HAL011002		B. WING		06/22/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	TATE, ZIP CODE		
			ER BUSH CR			1
BECKY R	REST HOME 1	FLETCHI	R, NC 28732		alaki	
(X4) IÜ PREFIX TAĞ	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF GORRECTI (EAGH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
C 189	Continued From pa	ege 1	C 189			
	care home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app. This Rule is not m. 1. Based on obserthe duct mounted sampling tubes the and cleaned can expected because the duct oproperly. 2. Based on obsertire rated walls and in locations. Holes sealed with materione-hour fire rated possibility that a fir quickly spread to c. Findings include: a. Holes in the ce.	maintained in a safe and		See Attached picture Repair Corrected July 12,	7016	
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