PRINTED: 11/17/2016 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL017054 10/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **535 US HIGHWAY 158 WEST CASWELL HOUSE** YANCEYVILLE, NC 27379 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 Follow Up Survey by Billy S. Bryant conducted on 10/27/2016. Deficiencies noted during the previous Follow Up Survey on 08/09/2016. remain to be corrected. {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (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: 5. Based on observation, the facility fire resistance rated components have not been maintained in a safe condition. This could affect all residents, staff and visitors if the doors did not contain fire/smoke in the room of origin. Findings on 10/27/2016: b. Main Nurse Station - The corridor dutch door's top leaf did not latch into the bottom leaf when the bottom leaf was latched to its doorframe. New Finding on 10/27/2016: a. Main Nurses' Station - The bottom half of the dutch door to does not latch to the door frame when pulled closed.

Division of Health Service Regulation

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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		HAL017054	B. WING		10/2	7/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CASWELL HOUSE 535 US HIGHWAY 158 WEST						
YANCEYVILLE, NC 27379						
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{C 200}	Continued From page 1		{C 200}			
{C 200}	Facilities for 7-12 ResCall System		{C 200}			
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