

PRINTED: 11/17/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/27/2016
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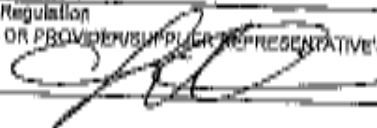
NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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(C 000)	Initial Comments 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 000)		
(C 189)	Building Equipment Maintained Safe, Operating 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: B. 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.	(C 189)		

	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 does not latch to the door frame when pulled closed.		The door will be repaired or replaced. Estimated completion: 12/19/2016	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

12/1/16

STATE FORM

TGD123

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379			
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(C 200) (C 200)	Continued From page 1 Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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: 1. Based on Observation, the electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Finding on 10/27/2016: a. Entire Building - The nurse call pull stations did not notify staff.	(C 200) (C 200)			
			The part that has been ordered will arrive in 10 days. Estimated completion 12/11/2016		