(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 HAL043024 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 RAWLS CLUB ROAD SENTER'S REST HOME FUQUAY VARINA, NC 27526** 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 Construction Survey by Billy S. Bryant conducted on 03/09/2017. Records indicate this facility was first licensed on 02/01/1973. The facility is currently licensed as a 50 Bed Special Care Unit.. Therefore the facility was surveyed for conformance with 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 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 150 C 150 Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation a facility corridor was not kept free of all equipment and other obstructions. Finding on 03/09/2017: a. Exit Corridor from the South Hall into the Living Area - The clear width of the exit corridor is obstructed by a rolling chair, a mobile suspension harness and a large plastic garbage tub. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND

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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	
		HAL043024	B. WING		03/0	9/2017	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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C 166	FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not med 1. Based on observe maintained free from bottles that are storn restraint to prevent knocked over. Oxyg stored may present the facility. Finding on 03/09/20 a. Activity Director's were stored standing means of restraint to over. 2. Based on observe maintained free from boards on an exit rational free from boards on an exit rational free from the facility of the facility.	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: vation the facility was not m hazards due to oxygen red without any means of them from falling or being gen bottles that are improperly a danger to the occupants of 17: s Office - Oxygen cylinders ng upright and without any to prevent them from falling vation the facility was not m hazards due to damaged amp. 17: Boards on the ramp from the ted exit are warped such that	C 166				
C 189	Building Equipment	t Maintained Safe, Operating	C 189				

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED			
HAL043024		B. WING		03/0	9/2017			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE				
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C 189	Continued From page 2		C 189					
	operating condition (k) This Rule shall facilities with the ex	apply to new and existing ception of Paragraph (e) ly to existing facilities.						
	1. Based on observ maintain electrical e equipment in safe of effect occupants of	ration the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.						
	combination emerg	2017: is no electrical power to the ency light and illuminated exit ted exit door from the laundry.						
	maintain the facility manner due to pend resistant rated ceilin holes in fire resistant the occupants of the	ation there is a failure to 's fire safety systems in a safe etrations or gaps in the fire ngs. Penetrations, gaps or nt rated ceilings could effect e facility by allowing fire and eyond the area of origin.						
		There is a small hole where ed lay-in ceiling tile is						
	the kitchen hood fire penetrate the fire re	Gaps around conduits from e suppression control box that esistant rated lay-in ceiling tiles cam type material that is not						
	c. Men's Employee	Restroom - The fire resistant						

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rated lay-in ceiling tile at the exhaust fan is

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SENTER	'S REST HOME		S CLUB ROA /ARINA, NC					
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C 189	deteriorated and broad. Exterior Main Elefire resistant rated I corners and some a	oken. ectrical Room - Some of the ay-in ceiling tiles have broken are not seated in the metal	C 189					
C 199	grid so that a gap is created in the ceiling. Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 facility failed to provide the required exhaust ventilation equipment in a space required to be mechanically exhausted.		C 199					
	Finding on 03/09/20 a. Public Restroom exhaust fan is not v	Adjacent to Room #10N - The						