

Division of Health Service Regulation

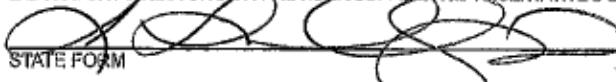
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/09/2017
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NAME OF PROVIDER OR SUPPLIER
ONSLow HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**34 MCDANIEL DRIVE
JACKSONVILLE, NC 28546**

(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
(C 000)	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 8-9-2017. A deficiency was not corrected. Further action is required.	(C 000)	Responses to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusion set forth in the statement of deficiencies; The plan of correction is prepared solely as a matter of compliance with state law.	
(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;	(C 101)		
	This Rule is not met as evidenced by: 1-Based on observation, the facility failed to meet the requirements of the NC State Building Code in effect at time of alteration. The Building Code permits the installation of delayed egress on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire.	C101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator/ED

(X6) DATE
9/7/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/09/2017
NAME OF PROVIDER OR SUPPLIER ONSLow HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546		
(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)	(X8) COMPLETE DATE
{C 101}	Continued From page 1 Findings on 2-8-2017 and 6-7-2017 and 8-9-2017: (a) There are not any fire detection devices in the Resident Bedroom closets. (b) There are not any fire detection devices in the Administrative Offices. Further findings on 8-9-2017: Interview by phone later in the day with the facility's fire alarm contractor, revealed he had applied for a construction permit for the installation of the additional fire detection devices. He also stated the permit had been approved and secured a few weeks ago but installation had not yet begun. No explanation was given for the delay in correcting the deficiency.	{C 101}	c101 - continued page 2 of 2 Installation of fire detection devices in the resident bedroom closets and administrative offices will be completed.	09-13-17