

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
--	---

(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 Construction Section Biennial Survey by Dennis Harrell on 4-4-2018. Records indicate this facility was first licensed on 6-1-1984. The facility is currently licensed for 15 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 the Licensure of Adult Care Homes of Seven or More Beds, and the 1978 NC State Building Code.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: A portable medical oxygen cylinder was stored in no rack or container in the "bedpan room." 2. Based on observation, there was no documentation, since March of 2017, of the required monthly inspections for the fire	C 166		4/19/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Becky N McIntosh</i>	TITLE <i>Adm</i>	(X6) DATE <i>5-1-18</i>
---	---------------------	----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732		
(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 166	Continued From page 1 extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 3. Based on observation, the fire extinguishers were last inspected by a vendor in March of 2017. Fire extinguishers must be inspected annually by an professional vendor. 4. Based on observation, there was no documentation of monthly in house/owner's inspections in November, December or January provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 166		4/9/18
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: Based on observation, a corridor door could not close properly and latch to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
--	---

(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 189	Continued From page 2 fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The door to room 8 had sagged and would not latch when closed. b. The door to room 8 does not fit the opening properly to be resistant to the passage of smoke.	C 189		4/5/18

BUILDING #2 HAL011003

C166 Housekeeping Maintained Free of Hazards

Section .0300 - Physical Plant

10A NCAC 13F .0306 Housekeeping and Furnishings

(a) Adult Care Homes shall:

(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards:

(e) This rule shall apply to new and existing facilities

1. All oxygen cylinders were put in racks and provider was called to pick everything up.
2. Fire extinguishers were checked and punched on April 11th, 2018 to show they were inspected. From this day forward, Maintenance/QA will perform these checks and document by initialing the card on the line indicating the month of inspection.
3. All fire extinguishers will be inspected every month and the tag will be initialed and dated as being done.
4. Range hood is being inspected and position verified of nozzles corrected as needed. The tag by the back door will be initialed that service is completed.

C189 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 procedure

(k) This rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities

The door on Room 8 was repaired on 4/11/2018. It now closes snugly to resist passage of fire and smoke.