STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL043024 03/06/2019 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 Biennial Construction Survey report by Frank Strickland conducted on 03/06/2019: This facility was licensed on 02/01/1973 and is currently licensed as a 50 Bed Special Care Unit.. Therefore, this 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. Deficiencies have been cited and a Plan of Correction is required. C 132 Bathrooms-Must Provide Privacy C 132 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1-Based on observation, curtains shall be provided for resident privacy. Findings on 03/06/2019: The privacy curtains have been removed at the Bathroom adjacent to Room 9-SOUTH HALL.

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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		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		BENTH TO THE TOTAL BETT.	A. BUILDING:	01	COMIT LETED		
		HAL043024	B. WING		03/0	6/2019	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SENTER	SENTER'S REST HOME 40 RAWLS CLUB ROAD						
240 15	CLIMMA DV CTA		VARINA, NC		NI NI	0/5)	
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	OULD BE COMPLETE		
C 166	Continued From pa	ge 1	C 166				
C 166	Housekeeping-Maintained Free of Hazards		C 166				
	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.						
	free of all obstruction Findings on 03/06/2 The plumbing clear	ration, this facility has not been ons and hazards.					
C 189	hazard outside Roo	m 5-NORTH HALL. Maintained Safe, Operating	C 189				

operating condition.

care home shall be maintained in a safe and

(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, this facility has not maintained the fire safety components in a safe

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AIND PLAIN	OF CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CENTED	'S REST HOME	40 RAWLS	S CLUB ROA	AD.			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 189	Continued From page 2		C 189				
	and operation condition.						
	Findings on 03/06/2019: The emergency light did not illuminate when tested in the Kitchen.						
	2-Based on observation, this facility has not maintained the fire safety components in a safe and operation condition. Findings on 03/06/2019: There is 2" x 4" hole in the fire-rated ceiling tile in the Kitchen above the dish drying station. 3-Based on observation, this facility has not maintained the plumbing fixtures in a safe and operation condition.						
	following locations: (a) Employee's Wo	secured to the floor at the					
		ation, this facility has not nbing fixtures in a safe and					
	Findings on 03/06/2 The wall mounted his not secured to the	nand wash sink in the Kitchen					
C 199	Exhaust Ventilation		C 199				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list						

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provided with exhaust ventilation at the rate of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
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C 199	requirement does repetitive these specified spate (1) soiled linen stoto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apport This Rule is not meanintained the exhoperational condition.	ninute per square foot. This not apply to facilities licensed which natural ventilation in age; toilet rooms; closets; and apply to new and existing apply to existing facilities. The age of the series of the seri	C 199				

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