

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL093001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/20/2023
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NAME OF PROVIDER OR SUPPLIER BOYD'S REST HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 295 CARROLLTOWN ROAD MACON, NC 27551
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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
{C 000}	Initial Comments Report by David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on September 20, 2023 from 12:00 PM to 12:40 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected thefore further action is required. The remaining cited deficiencies are as follows:	{C 000}		
{C9999}	Final Observation 1. At the time of survey it was identified that there was an unprotected outlet in the hall bathroom vanity light, Although the Electrical code that was in effect when this building was first licensed didn't require electrical outlets in wet locations such as sinks and bathroom receptacles to be GFCI (Ground-Fault Circuit-Interrupted) protected. We recommend that the facility take steps to ensure occupant safety from electrical shock and or electrocution. As noted, It wasn't until 1975 that the NEC required that bathroom's be GFCI protected, due to the potential of shock hazards to both residents and staff a GFCI receptacle is suggested. * This deficiency had not been corrected at the time of the follow up survey.	{C9999}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and	{C 174}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 174}	<p>Continued From page 1</p> <p>operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> At the time of the survey it was observed that the rear egress pathway had items stored along the wall. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. The egress path area in the lower room needs to be kept clear also. At the time of the survey it was observed that the globe in bedroom 1-A was missing at the ceiling fan. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. At the time of the survey it was observed that there was a high top table blocking the egress window in the staff bedroom. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. At the time of the survey it was observed that the clothes dryer outlet was not secured too the wall. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. At the time of the survey it was observed that the fire extinguisher in the hallway was not being monitored on a monthly basis. This is not 	{C 174}		

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{C 174}	Continued From page 2 compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. 6. At the time of the survey it was observed that there was peeling paint at the windows. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey. 7. At the time of the survey it was observed that the exterior clothes dryer vent cover was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey.	{C 174}		
{C 121}	Safety-Fire Extinguishers C. The Home 4. Equipment a. Safety (3) Fire extinguishers of the type recommended by the fire inspector. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was no fire extinguisher in the kitchen. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected at the time of the follow up survey.	{C 121}		