STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED R 09/20/2023	
		FCL093001				
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	09/	20/2023
	REST HOME #1	295 CARI	ROLLTOWN R			
		· · ·	NC 27551			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report by David Hickman					
	Follow-up Survey of 12:00 PM to 12:40 facility. At the time	n Section conducted a Biennial on September 20, 2023 from PM at the above referenced of the survey not all corrected thefore further action				
	The remaining cite	d deficiencies are as follows:				
{C9999}	Final Observation		{C9999}			
	was an unprotected vanity light, Althoug in effect when this didn't require electr such as sinks and GFCI (Ground-Fau protected. We reco steps to ensure occ shock and or electr until 1975 that the be GFCI protected hazards to both res receptacle is sugge	had not been corrected at the				
{C 174}	Building Equipmen	t Maintained Safe, Operating	{C 174}			
	EQUIPMENT (a) The building a mechanical, and pl	THE BUILDING 317 BUILDING SERVICE nd all fire safety, electrical, umbing equipment in a family maintained in a safe and				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		50100000	A. BUILDING: 01 B. WING		R		
		FCL093001			09/	20/2023	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> ROLLTOWN R				
BOYD'S	REST HOME #1		NC 27551				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{C 174}	Continued From page 1		{C 174}				
	operating condition. (j) This Rule shall apply to new and existing family care homes.						
	This Rule is not met as evidenced by: 1. 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.						
	the globe in bedroo ceiling fan. This is r Take the necessary deficiency.	e survey it was observed that om 1-A was missing at the not compliant with the rule. / steps to correct this had not been corrected at the p survey.					
	there was a high to window in the staff compliant with the r to correct this defic	had not been corrected at the					
	the clothes dryer ou wall. This is not cor necessary steps to	e survey it was observed that utlet was not secured too the npliant with the rule. Take the correct this deficiency. had not been corrected at the p survey.					
vision of LL	the fire extinguishe	e survey it was observed that r in the hallway was not being nthly basis. This is not					

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Division of Health Service Regulation       STATEMENT OF DEFICIENCIES       AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
		A. BUILDING: <b>01</b>		R		
	FCL093001	B. WING			20/2023	
ROVIDER OR SUPPLIER						
REST HOME #1			ROAD			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	age 2	{C 174}				
to correct this defic * This deficiency	iency. had not been corrected at the					
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						
the exterior clothes This is not complian necessary steps to * This deficiency	dryer vent cover was missing nt with the rule. Take the correct this deficiency. had not been corrected at the					
Safety-Fire Extingu	ishers	{C 121}				
1. At the time of the there was no fire ex is not compliant wit steps to correct this * This deficiency	e survey it was observed that xtinguisher in the kitchen. This h the rule. Take the necessary s deficiency. had not been corrected at the	,				
	ROVIDER OR SUPPLIER <b>REST HOME #1</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From particles of the follow of t	FCL093001     STREET A     REST HOME #1     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     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.     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.	A BOLDING. 1     FCL093001     B. WING	A BUILDING 01     FCL093001     B. WING	FCL093001 B. WING 09/   ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 295 CARROLLTOWN ROAD   REST HOME #1 295 CARROLLTOWN ROAD MACON, NC 27551   SUMMARY STATEMENT OF DEFICIENCIES IPREFX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLD BE (EACH DEFICIENCY WILST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY WILST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY   Continued From page 2 {C 174} C 174} CONTROL THE APPROPRIATE DEFICIENCY CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY   Continued From page 2 {C 174} {C 174} CONTROL THE APPROPRIATE DEFICIENCY   Continued From page 2 {C 174} {C 174} CONTROL THE APPROPRIATE DEFICIENCY   Continued From page 2 {C 174} {C 174} CONSTRUCTION THE APPROPRIATE DEFICIENCY   Continued From page 2 {C 174} {C 174} CONSTRUCTION THE APPROPRIATE DEFICIENCY   6. At the time of the survey it was observed that there was not compliant with the rule. Take the necessary steps to correct this deficiency. {C 121}   C. The Home {C 121} C 121   C. The Home {S Safety {S Safety   1. At the time of the survey it was observed that there was no fire extinguisher in the K	

If continuation sheet 3 of 3