

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL046004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DELOATCH'S REST VILLA I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 E LEWISTOWN ROAD MURFREESBORO, NC 27855</b>
--	---

(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	<p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on January 4, 2023 from 11:10 AM to 12:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 01, 1975 as a Family Care Home for five Residents; Licensure rules at this time only allowed for a maximum capacity of five Residents. Effective on February 1, 1983 the building code was amended to allow for a maximum of six Residents, and effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six residents as well. Your home is currently licensed with a capacity of Six (6) all-ambulatory residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Revision 5) North Carolina State Building Code - Section-409.1(g)-Residential Care facilities.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p>	C 000		
-------	---	-------	--	--

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL046004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DELOATCH'S REST VILLA I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 E LEWISTOWN ROAD MURFREESBORO, NC 27855</b>
--	---

(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	Continued From page 1  The cited deficiencies are as follows:	C 000		
C 174	<p><b>Building Equipment Maintained Safe, Operating</b></p> <p><b>SECTION .0300 - THE BUILDING</b> <b>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</b></p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and 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> <p>1.) At the time of the survey, it was observed that the residential smoke alarm in the 2nd story was not working as intended. This is not compliant with the rule. Take the necessary steps to troubleshoot the smoke detector to ensure it is audible and interconnected with the residential smoke detector on the first floor.</p> <p>2.) At the time of the survey, it was observed that an outlet is within 4 feet of the sink on the right-hand side that is not GFCI protected. This is not compliant with the rule. Take the necessary steps to install a GFCI-protected outlet to the right of the sink.</p> <p>3.) At the time of the survey, it was observed that the chemicals were not properly locked up in the laundry room. This is not compliant with the rule. Take the necessary steps to repair the laundry room door so it locks as intended.</p> <p>4.) At the time of the survey, it was observed that the facility had a wasp nest on the staircase leading up to the 2nd level on the exterior of the</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL046004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DELOATCH'S REST VILLA I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 E LEWISTOWN ROAD MURFREESBORO, NC 27855</b>
--	---

(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 174	<p>Continued From page 2</p> <p>building. This is not compliant with the rule. take the necessary steps to fix and remove the wasp nest.</p> <p>5.) At the time of the survey, it was observed that the stairs leading to the 2nd level are in a state of decay with multiple components to the stairs. This is not compliant with the rule. Take the necessary steps to repair all components of the stairs that are damaged.</p> <p>6.) At the time the time of the time the survey, it was observed that the dryer exhaust was unsecured from the building on the exterior. This is not compliant with the rule. take the necessary steps to fasten the dryer exhaust.</p> <p>7.) At the time of the survey, it was observed that the exterior of the house was dirty and had mildew. This is not compliant with the rule. Take the necessary steps to power wash the house.</p>	C 174		
C 131	<p>Building Service Equipment-Call System</p> <p>IV. The Building D. Building Service Equipment (10 NCAC 42C .2214)</p> <p>5. Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated sounding device must be provided connecting each resident bedroom to the live-in staff bedroom. The resident call switches, must be such that they can be activated with a single action and remain on until switched off by staff. The call switch must be within reach of the resident lying on his/her bed.</p> <p>This Rule is not met as evidenced by:</p>	C 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL046004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>DELOATCH'S REST VILLA I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 E LEWISTOWN ROAD MURFREESBORO, NC 27855</b>
--	---

(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 131	Continued From page 3  1.) At the time of the survey, it was observed that the call system was not working per the rule above. This is not compliant with the rules. Take the necessary steps to bring the call system to working order with the rule above.	C 131		