Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED
	HAL017006		R 09/08/2015

NAME OF PROVIDER OR SUPPLIER
POOLE'S REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
201 MARY JANE BIGELOW ROAD
YANCEYVILLE, NC 27379

(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 This report is of a followup survey done by Bob Getchell on September 8, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, the current fire and sanitation reports were not available at the time of the survey. Followup Findings on 9-14-15 include: The following reports were not available at the time of the followup survey: a) Sanitation report for the building, b) Sanitation report for the kitchen, c) Fire Marshalls Report	{C 111}		
{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.	{C 189}		

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

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{C 189}	Continued From page 1 (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, the building fire protection equipment was not maintained in a safe manner. Followup Findings on 9-8-15 include: a. The heat detector in room 2 is hanging by the wires. 2. Based on observation, the building electrical equipment was not maintained in a safe manner. Followup Findings on 9-8-15 include: a) Access to the Electrical Panel in the Pantry is blocked, f) The Electrical Panel in the Pantry has an open space revealing live contacts. 3. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. Followup Findings on 9-8-15 include:: c) Room 4 has a damaged closet door with a loose knob, 4. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. Followup Findings on 9-8-15 include:: a) The Emergency Light at Room 4 is not working, d) Evacuation plans are improperly displayed on	{C 189}		

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{C 189}	Continued From page 2 300 Hall and do not clearly indicate evacuation routes due to the orientation. Orient plans to better indicate evacuation routes. 6. Based on observation, the building plumbing fixtures were not maintained in a safe manner. This would effect all residents by exposing them to a fall hazard. Followup Findings on 9-8-15 include:: a. The Mens bathroom has a toilet coming loose from the floor. New Citation from 9-8-15 Followup survey: 7. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. a) There are loose oxygen bottles stored in the mop room.	{C 189}		