

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL069032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/03/2015
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NAME OF PROVIDER OR SUPPLIER  
**LAKE JAMES LODGE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**83 LAKEVIEW DRIVE  
MARION, NC 28752**

(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 of Follow-up Survey by Dennis Harrell on 9-3-2015.  Some deficiencies were not corrected. Further action is required.	(C 000)	<p>CONSTRUCTION SECTION</p> <p>SEP 29 2015</p> <p>RECEIVED</p>	
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: New finding on 9-3-2015: A scooter was parked just outside the exit near room. The exit door would only partially open because of the obstructing scooter.	C 150		
(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. (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, several battery powered emergency lights in the corridor and	(C 189)		<p>Staff member informed that he can not block exit or entry doors with scooter or any other items, all exit-entry ways need to be clear of all object for emergency exits.</p> <p>Maintenance to check all exit lights, emergency lights and fire extinguisher every 30th of the month</p>

Division of Health Service Regulation  
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*[Signature]* 9-24-15 ADMINISTRATOR  
STATE FORM 7000 FP4J22 TITLE (X6) DATE  
If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL058032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/03/2015
NAME OF PROVIDER OR SUPPLIER  LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 189)	Continued From page 1  other spaces would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings includes: b. There were several other emergency light fixtures located throughout the facility that were once powered by a central battery panel near the nurse station. All of the charging equipment had been removed from the panel. The central battery panel must be placed back in service OR, self contained battery powered emergency lights must be provided at required locations and the non-functioning emergency light fixtures must be properly removed. Finding on 9-3-2015: One emergency light fixture is still not working.	(C 189)	The 2 lights in the middle of hall at guest bathroom was removed, due to being informed that they are not needed, new ceiling tiles put in place 9/4/15	