

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HENDERSON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 HENDERSON CIRCLE FOREST CITY, NC 28043</b>
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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
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{C 000}	<p>Initial Comments</p> <p>Report of Follow-up Survey by Dennis Harrell on 1-8-2016.</p> <p>Some deficiencies were not corrected. Further action is required.</p>	{C 000}		FEB 12 2016
{C 166}	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>II. Based on observation there is a failure to maintain the facility free from hazards. Doors are required to completely close and latch in order to resist the passage of smoke in the event of a fire. All the occupants in the facility could be effected if doors do not latch and remain shut when closed so as to limit the spread of smoke to the area of origin.</p> <p>A. Findings from 08/20/2015 and on 01/08/2016:</p> <p>1. "A" Hall - The cross corridor doors' hardware requires adjustment so that doors will latch and remain shut when closed.</p> <p>2. "C" Hall - The doors from the laundry to the corridor have damaged hardware and did not latch and remain shut when closed.</p>	{C 166}	<p>(A)</p> <p>(1) "A Hall" hardware has been adjusted &amp; door closed properly. 2/2/16</p> <p>(2) "C Hall" hardware has adjusted, and doors fixed to shut and latch 2/2/16</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATE FORM 5500 2/10/14 IH5322 40M If continuation sheet 1 of 1