

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/19/2016
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NAME OF PROVIDER OR SUPPLIER POOLE'S REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 201 MARY JANE BIGELOW ROAD YANCEYVILLE, NC 27379
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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}	Initial Comments This report is of a followup survey done by Bob Getchell on January 19, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
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{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 1-19-16 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}	Complete - Sanitation for the building. 1/19/16 4/28/16 Complete - sanitation for the kitchen 1/28/16 Fire report is still effective from permit date of 6/23/15	
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{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}		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Grace Poole TITLE Administrator (X6) DATE 2/16/16

Division of Health Service Regulation

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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:

- Based on observation, the building fire protection equipment was not maintained in a safe manner.

Followup Findings on 1-19-16 include:

- The heat detector in room 2 is hanging by the wires.

- Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner.

Followup Findings on 1-19-16 include:

- Evacuation plans are improperly displayed on 300 Hall and do not clearly indicate evacuation routes due to the orientation. Orient plans to better indicate evacuation routes.

- 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 1-19-16 include:

- The Mens bathroom has a toilet coming loose from the floor.

{C 189}

Complete - Heat detector in room 2 is fixed. 1/19/16

Exit signs are located over every exterior door.

Evacuation signs are properly oriented and show evaluation route. 1/19/16

Mens bathroom toilet has been properly fixed and is no longer coming loose from the floor. 1/19/16

Inspection of Hospitals, Nursing Homes, Adult
Care Homes and Other Institutions

Score: 86.5
Date of Insp/Chg: 11/19/16
Status Code: A

Health Department: Caswell
Current Facility ID: 02017400001
Old Facility ID: _____

Water Supply: Community Non-Transient Non-Community Transient Non-Community Non-Public Water Supply

Wastewater System: Community On-Site Systems

Water sample taken today? YES NO
 Inspection Name Change
 Re-Inspection Verification of Closure
 Visit Status Change

Name of Establishment: Pool's Retirement Home Permittee: Grace Poole
 Location Address: 261 Mary Jane Bigelow Rd. Mailing Addr.: 261 Mary Jane Bigelow Rd.
 City: Yanceyville State: NC Zip: 27379 City: Yanceyville State: NC Zip: 27379

FLOORS, WALLS AND CEILINGS: [.1309, .1310]

1. Floors easy to clean, no obstacles, drains where needed.....	2	1
2. Floors clean, carpet clean, dry, odor free.....	2	1
3. Walls and ceilings cleanable, clean, good repair.....	2	1

LIGHTING, VENTILATION, MOISTURE CONTROL: [.1311]

4. Lighting at least 10 foot candles 30 inches above floor.....	2	1
5. Ambient air temperature 65° to 85° F, equipment clean.....	2	1
6. No evidence of microbial growth.....	3	1.5
7. Indoor smoking limited to dedicated smoking rooms.....	2	1

TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]

8. Facilities conveniently located, clean and in good repair.....	2	1
9. Toilet rooms free of storage, handwash signs posted.....	1	.5
10. Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected.....	1	.5
11. Hand sinks used only for intended purpose.....	2	1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device.....	3	1.5
13. Lavatory and bathing hot water between 100° and 116° F.....	2	1
14. Disinfectant accessible, properly used.....	2	1

WATER SUPPLY: [.1313]

15. Approved water supply, no cross-connections.....	4	2
16. Quantity and hot water sufficient, backup water supply plan.....	2	1

DRINKING WATER FACILITIES, ICE HANDLING: [.1314]

17. Water fountains clean, good repair, properly regulated.....	2	1
18. Drinking utensils properly handled.....	2	1
19. Ice protected, dispensed, equipment clean, in good repair.....	2	1

LIQUID AND SOLID WASTES: [.1315, .1316]

20. Wastewater disposed of properly.....	4	2
21. Solid waste stored properly, areas clean, facilities for cleaning.....	4	2
22. Solid waste disposed of frequently, no insect breeding or nuisance.....	2	1
23. Medical wastes handled and disposed of properly.....	2	1

VERMIN CONTROL, PREMISES: [.1317]

24. Vermin excluded.....	3	1.5
25. Approved pesticides properly stored and handled.....	2	1
26. Premises clean, no breeding places or rodent harborage.....	2	1
27. Pet areas clean, veterinary records available.....	2	1

Comments: 1) Floors not smooth or easily cleanable, damaged in areas.
2) Older building with many hard to reach or clean areas. Walls dirty.
3) Bathrooms need cleaning, several broken tiles in shower.
12) Paper towels not supplied in some bathrooms. No soap in one bathroom.

MISCELLANEOUS: [.1318]

28. Adequate storage, area clean, items properly stored.....	1	.5
29. Mop sinks provided and used.....	1	.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly.....	2	1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions.....	2	1

FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319, .1312]

32. Furniture clean and in good repair. Mattresses clean, dry, odor free.....	2	1
33. Linen changed when soiled. Soiled linen handled properly.....	2	1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately.....	2	1
35. Patient contact items in good repair, properly stored, cleaned and disinfected.....	1	.5

FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]

36. Approved utensils and equipment, cleaned and sanitized.....	2	1
37. Activity kitchens used only for approved activities.....	1	.5
38. Handwash lavatory provided wherever food is handled.....	2	1

FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]

39. Food supply complies with 15A NCAC 18A .2600.....	4	2
40. Food brought by employees or visitors handled properly.....	1	.5
41. Milk and milk products comply with 15A NCAC 18A .1200.....	2	1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control.....	4	2
43. Food storage units with thermometers, maintain temperatures.....	1	.5
44. Food stored above floor.....	1	.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals.....	2	1

EMPLOYEES: [.1324]

46. Clothing clean, no tobacco used while handling food.....	1	.5
47. Hands properly washed or decontaminated.....	3	1.5
48. Persons with infections excluded from food service work.....	2	1

TOTAL 12.5

Rept. Received by: Grace Poole

Inspection by: Will Schubert EHS I.D.# 2343 Comment Sheet Attached Yes No

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section. **Disposition:** This form may be destroyed in accordance with Standard-S.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

COMMENT ADDENDUM

Health Department: Caswell
 Facility ID: 03917400001
 Date: 11/19/16
 Status Code: A Time: 7:00 AM

Name of Establishment: Pool's Resthome
 Location Address: 261 Mary Jane Bigelow Rd
 City: Yanceyville State: NC Zip: 27379

Water Sample taken today? YES NO
 Inspection Pre-opening Visit Critical Violation Visit
 Re-Inspection Visit Other _____

TEMPERATURE OBSERVATIONS					
Item/Location/Time*	Temp	Item/Location/Time*	Temp	Item/Location/Time*	Temp

*when cooling

COMMENTS

(24) Roach found in kitchen utensil drawer tray. (28) Closets are very cluttered. Storage on floor. (32) Furniture in bad repair. Need repair or replacing. (36) Clean utensils stored in utensil tray with dead roach.

EHS Signature: Will Starnes EHS ID #: 2343 Received by: Grace Poole

Instructions:
Purpose: This form is developed to be used for making explanatory comments observed during inspections, visits and/or notices of permit actions at establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. **Preparation:** Local Environmental Health Specialists shall complete form DENR 4008 when necessary during inspections, visits and or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

Food Establishment Inspection Report

Score: 92.5

Establishment Name: Peole's Resthome Kitchen

Establishment ID: 03017160000

Location Address: 201 Mary Jane Ligon Rd

City: Yanceyville State: North Carolina

Zip: 27379 County: Catawba

Permittee: Grace Peole

Telephone: _____

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 11/28/16 Status Code: A

Time In: 10:10AM Time Out: _____

Category#: 1

FDA Establishment Type: Resthome Kitchen

No. of Risk Factor/Intervention Violations: _____

No. of Repeat Risk Factor/Intervention Violations: _____

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	IN/OUT/N/A				
	PIC Present; Demonstration - Certification by accredited program & performs duties	2	0		X
Employee Health .2652					
2	IN/OUT				
	Management, employees knowledge; responsibilities & reporting	3	1.5	0	
3	IN/OUT				
	Proper use of reporting, restriction & exclusion	3	1.5	0	
Good Hygienic Practices .2652, .2653					
4	IN/OUT				
	Proper eating, tasting, drinking or tobacco use	2	1	0	
5	IN/OUT				
	No discharge from eyes, nose or mouth	1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	IN/OUT				
	Hands clean & properly washed	4	2	0	
7	IN/OUT/N/A/N/O				
	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1.5	0	
8	IN/OUT/N/A				
	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655					
9	IN/OUT				
	Food obtained from approved source	2	1	0	
10	IN/OUT				
	Food received at proper temperature	2	1	0	
11	IN/OUT				
	Food in good condition, safe & unadulterated	2	1	0	
12	IN/OUT/N/A/N/O				
	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654					
13	IN/OUT/N/A/N/O				
	Food separated & protected	3	1.5	0	
14	IN/OUT				
	Food-contact surfaces: cleaned & sanitized	3	1.5	0	
15	IN/OUT				
	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
16	IN/OUT/N/A/N/O				
	Proper cooking time & temperatures	3	1.5	0	
17	IN/OUT/N/A/N/O				
	Proper reheating procedures for hot holding	3	1.5	0	
18	IN/OUT/N/A/N/O				
	Proper cooling time & temperatures	3	1.5	0	
19	IN/OUT/N/A/N/O				
	Proper hot holding temperatures	3	1.5	0	
20	IN/OUT/N/A/N/O				
	Proper cold holding temperatures	3	1.5	0	
21	IN/OUT/N/A/N/O				
	Proper date marking & disposition	3	1.5	0	
22	IN/OUT/N/A/N/O				
	Time as a public health control: procedures & records	2	1	0	
Consumer Advisory .2653					
23	IN/OUT/N/A				
	Consumer advisory provided for raw or undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653					
24	IN/OUT/N/A				
	Pasteurized foods used; prohibited foods not offered	3	1.5	0	
Chemical .2653, .2657					
25	IN/OUT/N/A				
	Food additives: approved & properly used	1	0.5	0	
26	IN/OUT/N/A				
	Toxic substances properly identified stored & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
27	IN/OUT/N/A				
	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0	

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
28	IN/OUT/N/A				
	Pasteurized eggs used where required	1	0.5	0	
29	IN/OUT				
	Water and ice from approved source	2	1	0	
30	IN/OUT/N/A				
	Variance obtained for specialized processing methods	1	0.5	0	
Food Temperature Control .2653, .2654					
31	IN/OUT				
	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	IN/OUT/N/A/N/O				
	Plant food properly cooked for hot holding	1	0.5	0	
33	IN/OUT/N/A/N/O				
	Approved thawing methods used	1	0.5	0	
34	IN/OUT				
	Thermometers provided & accurate	1	0.5	0	
Food Identification .2653					
35	IN/OUT				
	Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	IN/OUT				
	Insects & rodents not present; no unauthorized animals	2	1	0	
37	IN/OUT				
	Contamination prevented during food preparation, storage & display	2	1	0	X
38	IN/OUT				
	Personal cleanliness	1	0.5	0	
39	IN/OUT				
	Wiping cloths: properly used & stored	1	0.5	0	
40	IN/OUT/N/A				
	Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654					
41	IN/OUT				
	In-use utensils: properly stored	1	0.5	0	
42	IN/OUT				
	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
43	IN/OUT				
	Single-use & single-service articles: properly stored & used	1	0.5	0	
44	IN/OUT				
	Gloves used properly	1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
45	IN/OUT				
	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1	0	X
46	IN/OUT				
	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
47	IN/OUT				
	Non-food contact surfaces clean	1	0.5	0	
Physical Facilities .2654, .2655, .2656					
48	IN/OUT/N/A				
	Hot & cold water available; adequate pressure	2	1	0	
49	IN/OUT				
	Plumbing installed; proper backflow devices	2	1	0	
50	IN/OUT				
	Sewage & waste water properly disposed	2	1	0	
51	IN/OUT/N/A				
	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	
52	IN/OUT				
	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
53	IN/OUT				
	Physical facilities installed, maintained & clean	1	0.5	0	X
54	IN/OUT				
	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	
TOTAL DEDUCTIONS:					7.5



FIRE PREVENTION DIVISION
COUNTY OF CASWELL
PERMIT

No. 1505

Date 6-23-15

TO WHOM IT MAY CONCERN: By virtue of the North Carolina State Building Code; Volume V - Fire Prevention
P Cole's Best Home 201 Mary Jane Bigelow Rd Yanceyville conducting a
(Name of Concern) (Address)
Croquet Best Home having made application in due form, and as the conditions,
(Business)
surroundings, and arrangements are, in my opinion, such that the intent of the Code can be observed, authority is here-
by given and the PERMIT is GRANTED for

THIS PERMIT IS VALID UNTIL 6-23-15

This permit does not take the place of any
License required by law and is not transfer-
able. Any change in the use or occupancy
of premises shall require a new permit.

Shoobal Beyett
Fire Inspector