

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/10/2016
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NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870
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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
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell on February 10, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{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, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Followup Findings on 2-10-16 include: a. The attic smoke barrier wall in the center compartment has unprotected penetrations by pipe and cable, and an open sleeve. 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Followup Findings on 2-10-16 include:	{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}	<p>Continued From page 1</p> <p>The following doors have issues:</p> <p>a) The fire door to the right wing has had the closer disconnected. (Repaired on site)</p> <p>b) The kitchen door has a kickdown,</p> <p>3. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.</p> <p>Followup Findings on 2-10-16 include:</p> <p>b. Room 213 has a sprinkler escutcheon missing</p> <p>c. Room 210 has a sprinkler escutcheon missing in the closet</p>	{C 189}		