

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RESTWELL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139
--	--

(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 2-11-2016.</p> <p>Records indicate that this facility was first licensed or submitted on 6-1-1965, for the current licensed capacity of 20 residents. However, the owner of the facility indicated the facility was built and began operation in 1954. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the current 2005 Rules for Adult Care Home of Seven or More Beds and the 1967 NC State Building Code for Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mary Constance Administrator

3/23/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RESTWELL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139
--	--

(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 101	<p>Continued From page 1</p> <p>Based on observation, the facility failed to meet the provisions of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm as relates to Fire Safety requirements. The 1971 rules required a fire alarm system to be installed in conformance with pamphlets #71, #72, and #74 of the National Fire Protection Association. The Pamphlets stated that fire detecting equipment shall be installed throughout all parts of the protected premises including all rooms, halls, storage areas, etc... Findings include:</p> <p>a. There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the upper hall closet off the corridor.</p> <p>b. There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the closet off the living room which is open to the corridor.</p> <p>NOTE; An interpretation by the Department of Insurance states that fire detecting equipment is not required in a closet in a bedroom because that closet is considered inside the "box" of the bedroom.)</p>	C 101	<p><i>THIS WAS ADDRESSED ON LAST INSPECTION (SEE LETTER FROM RUTHERFORD COUNTY FIRE INSPECTOR)</i></p>	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on review of documents, the most recent fire and building safety inspection report was</p>	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
NAME OF PROVIDER OR SUPPLIER RESTWELL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139		
(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 111	Continued From page 2 dated 1-6-2014. Fire and building safety systems must be inspected annually to ensure they will work properly in the event of an actual emergency.	C 111	<i>THE LATEST FIRE INSPECT REPORT HAS BEEN FAXED TO YOU.</i>	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there were no hand grips provided in the shower room and at the shower in the middle bathroom.	C 133	<i>WILL MAKE THE NECESSARY ADJUSTMENTS</i>	<i>4/10/16</i>
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the only	C 184		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016	
NAME OF PROVIDER OR SUPPLIER RESTWELL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139		
(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 184	Continued From page 3 evacuation plan posted was out of date and did not include all of the original structure or any of the newer portion of the facility.	C 184	<i>A NEW DRAWING WILL BE DISPLAYED</i>	<i>4/10/16</i>
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	<i>THESE RECORDS HAVE BEEN FAXED TO YOU</i>	
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)	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RESTWELL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139
--	--

(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	<p>Continued From page 4</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: <ol style="list-style-type: none"> Holes in the basement ceiling. Damaged ceiling in the corridor near the 1st bathroom. Based on observation, corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: <ol style="list-style-type: none"> The door to the 2nd bedroom on the right would not latch when closed. The door to the office did not fit the opening to be smoke resistant at the top. Based on observation, a corridor door was prevented from closing to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Finding includes: The door to the 3rd bedroom on the left was blocked from closing by furniture. Based on observation there was a hasp and 	C 189	<p><i>THESE ADJUSTMENTS + REPAIRS WILL BE MADE</i></p> <p><i>THESE REPAIRS WILL BE MADE</i></p>	<p><i>4/10/16</i></p> <p><i>4/30/16</i></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RESTWELL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139
--	--

(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 5 padlock on the outside of the door to the sheet closet. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 5. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189	<i>THESE DOORS WILL BE FITTED WITH REGULAR LOCKING DOOR KNOBS</i>	<i>4/10/16</i>
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Findings include: There was a portable electric heater in use in the office.	C 191	<i>HEATER WAS IN THE ROOM BUT NOT BEING USED IT WILL BE REMOVED IMMEDIATELY</i>	<i>3/31/16</i>



Jaxon Ruff, Director
Clint Houser, Fire Inspector
Steve Hill, Building Inspector

Shane Dotson, Building Inspector
Aubrey Clay, Building Inspector
Ruth Sams, Administrative

Rutherford County Building/Fire Inspections

April 15, 2014

RE: Restwell Home
401 US 2218 Hwy
Rutherfordton, NC 28139

An inspection was conducted by the North Carolina Department of Health and Human Services at the above address on Jan. 09, 2014. The owner, Mr. Vanderwall, is inquiring about two items noted from that inspection. The first being storage of combustible material in the crawl space of the structure and also the need for a heat detector to be installed within a living room closet. The county fire inspections department conducts routine fire prevention inspections annually at this location. We are aware of the storage in the crawl space and have discussed this matter with the owner during past inspections. We are allowing the storage under strict guidelines that it will be limited in quantity and maintain a clearance of 24" to the exposed floor system above. Secondly, we are not requiring a heat detector inside the living room closet based on it not being a required provision of the NC Fire Prevention code.

Sincerely,

Clint Houser

Rutherford County Building/Fire Inspector