

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
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NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
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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	<p>Initial Comments</p> <p>Report of Complaint/Fire Investigation Survey by Dennis Harrell on 7-20-2016.</p> <p>The complaint was a report that a resident had intentionally started a fire in his bedroom.</p> <p>Records indicate that this facility was first submitted or licensed in 6-1-1974, for a capacity of 34 Beds. Based on this information, the facility was surveyed using the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 North Carolina State Building Code Section 407 - Group D Institutional and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.</p> <p>The Complaint was substantiated.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, the contents had been removed from the bedroom where the fire occurred but it was not unsuitable for habitation. Findings include: There was scorching and smoke accumulation in the room.</p>	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 164	<p>Continued From page 1</p> <p>Based on interview with staff, the room has not been cleaned pending a site visit from their insurance company. This room must not be used as a bedroom until thoroughly cleaned.</p> <p>Note, the room's heat detector had been replaced to restore full function of the fire alarm system.</p>	C 164		