

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**WAYNE COUNTY REST VILLA NO 2**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**305 SOUTH VANCE STREET  
EUREKA, NC 27830**

(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 is a Report of a Biennial Construction Survey done by Bob Getchell on August 24, 2016.  This facility was first licensed as a Home for the Aged serving 12 residents on August 8, 1995. Therefore, the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and, the 1991 North Carolina State Building Code Section 409- Institutional Occupancy.  Deficiencies were noted and a Plan of Correction is required.	C 000		
C 155	Floors-Non-skid, in Good Repair  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1. Based on observation, the facility floors were not maintained safe.  Findings include:  a) Room 2 has damaged floor tile.	C 155	<i>Room #2 floor tile has been replaced.</i>	<i>10/3/2016</i>
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

Division of Health Service Regulation

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

TITLE

(X6) DATE

PRINTED: 08/21/2016  
FORM APPROVED

## Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  WAYNE COUNTY REST VILLA NO 2		STREET ADDRESS, CITY, STATE, ZIP CODE 305 SOUTH VANCE STREET EUREKA, NC 27830		
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C 189	Continued From page 1  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 facility components were not maintained operable by having doors that did not close completely and latch.  Findings include:  The following doors have issues: a) Staff bedroom door has a hole where hardware has been removed covered with plastic. b) Bedroom 2 has a loose door handle, c) The corridor bathroom door at the kitchen scrubs the frame, d) Room 4 door has inoperable door knob due to a broken latch, missing strike plate, e) The handicapped bathroom door near room 4 has a loose knob that will not latch. f) The handicapped bathroom door near Living Room scrubs the frame,  2. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.  Findings include:  a) Exit sign at left Exit has bulbs out  3. Based on observation, the building fire alarm	C 189	- Staff bedroom door hardware has been replaced. - Bedroom #2 Door handle Replaced. - Room #4 Door Knob has been replaced. - Bathroom door near Living Room has been repaired.  - EXIT SIGN Bulbs Replaced.	

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C 189	Continued From page 2  system was not maintained operable This would affect all residents by not alerting them to an emergency  Findings include:  a) The fire alarm panel showed that the system had gone into alarm and was left silenced.	C 189		
C 200	Facilities for 7-12 Res.-Call System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 facility call system was not maintained operable.  Findings include:  a) The call system control panel is not sounding in the staff bedroom.	C 200	* BFPE International Fire-safety security was contacted to replace the fire alarm panels on 9/30/2016.	9/30/2016
			* Call System panel has been repaired 9/30/2016	