STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079092	A. BUILDING: **01** B. WING _____	**03/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOYER'S REST HOME	**5767 HWY 135** **STONEVILLE, NC 27048**

(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 Report of Complaint Survey by Dennis Harrell on 3-4-2015. The Complaint alleged that the septic system was failing and allowing sewage discharge to the surface of the ground. Records indicate this facility was first licensed or submitted for licensure as a Home for the Aged serving 18 residents on or about 3-1-1971. Therefore the facility must meet the 1971 Minimum and Desired Standards for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 -Institutional Occupancy. The complaint was substantiated.	C 000		
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: Based on a review of documents, the Rockingham County Division of Public Health Services sent a letter regarding the failing septic system and a PUMP AND HAUL AUTHORIZATION, both dated 3-2-2015. The letter listed steps that must be taken to provide a remedy for the failing system. The required steps are listed below. 1. Begin pumping and hauling waste water from the septic tank immediately and continue until a	C 111		

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C 111	Continued From page 1 repair solution has been completed. The facility is required to send a copy of the pump and haul contract to the Rockingham County Division of Public Health Services. Also send a copy to the DHSR Construction Section. 2. All laundry must be taken offsite for washing. 3. Have a licensed plumber check the entire facility for leaking fixtures. Send a copy of the service invoice to the DHSR Construction Section. 4. Begin procedures to reduce the amount of water being used in the facility. 5. Have a licensed contractor to install an impulse counter on the pump control panel. Notify the Rockingham County Division of Public Health Services and the DHSR Construction Section when the installation is complete. The letter stated that the above steps were to begin as soon as possible.	C 111		
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.	C 189		

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MOYER'S REST HOME	**5767 HWY 135** **STONEVILLE, NC 27048**

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C 189	Continued From page 2 This Rule is not met as evidenced by: Based on observation the facility was not maintained in a safe condition because of a failing sewer system. Findings include: Several large puddles of sewage effluent were scattered across the septic drain field. The run-off from the puddles was draining down the hill toward the facility.	C 189		