Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023041	A. BUILDING: 01 B. WING _____	03/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	605 SUGAR HILL ROAD LAWNDALE, NC 28090

(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 Biennial Construction Survey by Dennis Harrell on 3-18-2015. Information gathered from our LTI database and Master Facility Files indicates this facility was first licensed or submitted as a Home for the Aged with a capacity of 12 residents on 10-1-1976. Based on this information, the facility was surveyed using the 1967 N.C. State Building Code Section 407 - Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulation for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven of More Beds.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Judith Wellman — Owner Administrator — 6-2-15

4C0442

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023041	A. BUILDING: 01 B. WING	03/18/2015

CONSTRUCTION SECTION
MAY 21 2015
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	605 SUGAR HILL ROAD LAWNDALE, NC 28090

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C 101	Continued From page 1 1. Based on observation the facility failed to meet the provisions of Section 516.1(c) 1. of the 1967 NC State Building Code. Section 516.1(c) 1. required sprinkler systems OR fire detecting devices be installed in all spaces in accordance 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... Will install Heat detector if DHSR requires Findings Include: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the outside storage room near room 5. 2. Based on observation the facility failed to meet the provisions of Section 1126 Fire Alarms, subsection (b), (1) of the 1967 NC State Building Code. Section 1126 (b), (1) required, "A manual operated sending station (pull station) shall be provided near each main exit and in the natural path of escape from fire...) Findings Include: The fire alarm pull station provided at the right end of the facility is approximately 8 feet away from the exit and is not in the natural path of exit from room 5.	C 101	THE Path of Correction will Be to talk with the fire Marshalls about the pull Station that Has been in the same place since 1989 Being corrected or Remains the same way. This Home Has been inspected By A building Inspector the pass Several years and this Has Never Been a issue. There Has Never been An issue with the pull Alarm being were it is NOW. This issue should Be Corrected By 7-1-15 Paulette Wellmon	