

PRINTED: 05/28/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043			
(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 a Biennial Construction Survey by Ed Miller and Greg Cates on April 8, 2015. Records indicate this facility was first licensed or submitted for licensure on August 1, 1984. The facility is licensed for 25 beds. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1978 NC State Building Code - Institutional Occupancy and the applicable portions of the current 2005 Rules for Adult Care Homes for Seven or more Beds. Physical plant deficiencies were noted which require a plan of correction.	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;	C 101			

Division of Health Service Regulation
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM

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Rhonda Cesh

If continuation sheet 1 of 24

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not having exit ramps built to the requirements of the code. This could affect all residents, staff and visitors by having ramps steeper than can be safely traveled. Findings on April 8, 2015: a. The slope of the ramp (14 in 60) at the right side exit, greatly exceeds the maximum of 1 in 12 allowed for ramps.	C 101	New ramp has been replaced and prepared	8/31/15
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27689-1632 at no cost. This Rule is not met as evidenced by: 1. Based on observation, and review of records, the facility failed to improve the building sanitation	C 110	Administrator/Manager will look at report	

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C 110	Continued From page 2 since the June 24, 2013 Report. This deficiency affects all residents, staff and visitors by exposing them to unclean conditions. Findings on April 8, 2015: a. The Sanitation score in 2013 was 91.50, included items such as stripping waxing and buffing the floors that still need completing. Cleaning Residents' Rooms floors and wall, and there had been little or no improvement in vermin control.	C 110	Every time Health Department come out and make the changes, or fix problem that need to be fixed.	8/30/15
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: 1. Based on record review, and interview with Manager, the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on April 8, 2015: a. Manager indicated the Annual Building Sanitation Report was not available for review. b. Manager indicated the Annual Kitchen Sanitation Report was not available for review. c. Manager indicated the Annual Fire Officials Report was not available for review.	C 111	All reports will be filed in Administrator office in folder. Will be completed by.	8/30/15
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT	C 132		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN MANOR REST HOME**390 HARDIN ROAD
FOREST CITY, NC 28043**

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C 132	Continued From page 3 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure the plumbing fixture have curtain to provide privacy. Findings on April 8, 2015: a. In the Hall Shower, the window was not equipped curtains or any other device to provide privacy from the exterior.	C 132	All Window have been Covered with Blinds There has been a privacy curtain put at window	8/30/15 8/30/15
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 8, 2015: a. The access to the back exit from Kitchen was partially blocked with a large piece of kitchen	C 150	Administrator/SIC/manager will do a walk thru on a daily basis to ensure building is maintained in a safety manner. All Equipment has been stored in safe manner	8/30/15

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C 150	Continued From page 4 equipment, b. A unattended mop and mop bucket was stationed in the corridor outside Housekeeping for the entire survey,	C 150	Documentation of walk thru will be in office. All cleaning supplies and mop and mop bucket will be in cleaning closet when not in use	8/30/15 6/17/15
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not providing single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on April 8, 2015: a. The exterior Kitchen Exit door knob was not single-motion hardware and the door was equipped with an additional lock (dead bolt) which added extra hand motions to operate the door. b. The right exit door was equipped with a double cylinder dead bolt, which would require a key to open when locked, in addition to door locking hardware.	C 153	All Locks has been Replace with single hand motion lock. Kitchen door Knob has been Replace with single hand motion lock.	6/17/15 6/17/15
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 160		

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C 160	Continued From page 5 ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on April 8, 2015: a. The left side entrance and left end of the corridor had several flies swarming. b. Several roof gutters were hanging/drooping from the fascia, thus not allowing the rain water to be directed away from entering the building. c. Several downspouts were misaligned or not connected to the roof gutters, thus not allowing the rain water to be directed away from entering the building. d. Some of the gutters ends have been covered by construction and when water backs up in the gutter the water is entering the building. e. A large wet sheet or similar object, used to divert surface runoff was obstructing the left exit door and creating a tripping hazard. f. Near the dryer exhaust there was a 2 inch by 4 inch hole in the exterior wall which would allow vermin to enter. g. In the ramp at the right side exit, a clean-out extends above the surface by 1 1/2 inches creating a tripping hazard. h. The ground on the right side of the building, had many puddles of water where insects could breed.	C 160	All Grounds Will be Maintained and Keep in a Clean and safe manner and a walk thru will be done on a daily basis by Administrator/ SIC to ensure grounds and Rest home is free and maintained in a clean and safe condition and documentation will be in office. All roof gutters will be repaired and down spouts are aligned correctly to the roof gutters. All gutters ends have been removed. Large wet sheet has been removed. The whole will be repaired so vermin cannot enter. All tripping hazardous has been removed from ramp.	8/30/15
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 8 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to a building in disrepair. Findings on April 8, 2015: a. The corner bead on shower build-out was missing in Bath 1 b. The shower in Bath 1 had no shower curtain and water was migrating to the general floor area and there was no floor drain. c. In Bath 1 the ceramic tile floor grout was black but originally white in color. d. The back Pantry wall was dirty and in disrepair. e. The floors and walls were dirty at the following locations to include but not limited to: i. Med Room ii. Kitchen, especially under footed equipment, f. The globe to the light fixture was missing at the following locations to include but not limited to: i. Bedroom 1. g. The light fixture was missing its bulb at the following locations to include but not limited to: i. Bedroom 1. h. The light fixtures were not illuminating their spaces. Locations of specific examples include	C 164	Paddles have been filled in with dirt. all Walls and Ceiling Floors Bath room will be maintained and Clean Administrator! SIC/manner will ensure this is done on a daily basis when walk thru's done and documentation will be placed in office. Corn bead on shower-Bath 1 was replaced. Bath 1 Shower curtain was put up. Floor drain will be put in Bathroom! Bathroom 1 the floor will be repaired and cleaned Back Pantry wall was cleaned and repaired All floor in facility have	8/30/15

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C 164	Continued From page 8 drain. The water is collecting trash and dirt. 3. Based on Observation, the Building was not kept clean and in good repair, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if a component does not work properly. Findings on April 8, 2015: a. The doorknob was loose and may not function properly when used at the following locations to include but not limited to: i. Bathroom to Bedroom 11, b. There were no door handles to the doors at the following locations to include but not limited to: i. Window side closet to Bedroom 9. c. The Closet door had a hole in the door at the following locations to include but not limited to: i. Bedroom 15, d. The repaired door handle was left with exposed sharpened edges, at the following locations to include but not limited to: i. Bedroom 15, 4. Based on Observation, the facility failed to maintain the walls and ceiling in a clean and well maintained manner. This could affect all residents, staff and visitors if the facility is unclean and dirty by spreading germs and producing odors. Findings on April 8, 2015: a. The ceiling fans was covered with dust/lint. b. The dining chairs have been turned upside down and put on the tables but the chair's feet are very dirty. 5. Based on observations, the facility has failed to maintain the floors clean and in good repair. Findings on April 8, 2015:	C 164	All doorknobs will be Repair for Bathroom to Bedroom 11 Door Handles will be put on all doors and repaired Hole has been repaired in closet door All Ceiling Fan Will Be Replaced and clean and dining room will be clean after each meal STC will check this on every meal.	8/30/15

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C 164	Continued From page 9 a. In the following rooms, the floor tiles were chipped, cracked, deteriorated, broken or loose. Rooms include but are not limited to: i. Tub 1, ii. Dining, iii. Kitchen, iv. Pantry. 6. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on April 22, 2015: a. In Bedroom 3, there was an unsturdy chair. b. Many of the wood dressers in the Resident Rooms are missing at least one knob/handle on the drawers, and often both knobs/handles are missing making it nearly impossible to open the drawer at the following locations to include but not limited to: i. Bedroom 13, c. Many of the wood dressers in the Resident Rooms are missing at least one drawers and dirty at the following locations to include but not limited to: i. Bedroom 13, ii. Bedroom 1 iii. Bedroom 3 iv. Bedroom 6 d. There are several wood and vinyl chairs in the Residents' Rooms that are broken or the cushion is torn at the following locations to include but not limited to: i. Bedroom 13 7. Based on Observation, the Building was not kept clean and in good repair, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if a component does not work properly or is missing components.	C 164	All Floors will be Repaired and replace in Tub 1, Dining, Kitchen, Pantry. Administrator/Manager/ste will do a walk thru on a daily basis to ensure furniture is clean and in good repair. Documentation will be placed in office All Bedroom dressers will be Replaced.	8/30/15 8/30/15

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C 170	Continued From page 11 (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. The faculty failed to maintain curtains, draperies or blinds at windows for privacy. Findings on April 8, 2015: a. Several of the window blinds in the facility were damaged so that they no longer cover the window adequately. In these instances there was not another means to cover the window for privacy or aesthetics. b. The Bathroom window had no means to cover the window for privacy.	C 170	All Residents Room and Bathrooms will have blinds or curtains to ensure privacy for all residents	8/30/15
C 174	Bedroom Furnishings-Table, Mirror, Chairs SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities.	C 174	All furnishings will be replaced in good condition	8/30/15

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C 174	Continued From page 12 This Rule is not met as evidenced by: 1. Based on observation, the facility has failed to provide resident rooms with the required furniture for the number of residents. This could affect all residents, by providing an institutional setting instead of a homelike setting. Findings on April 8, 2015: a. Nearly all resident rooms lacked a sufficient quantity of arm chairs for the number of residents in the room. Locations of specific examples include but are not limited to: i. Room #13 (2 Residents) - 1 Chair ii. Room #15 (2 Residents) - 0 Chair iii. Room #1 (2 Residents) - 0 Chair iv. Room #3 (2 Residents) - 1 Chair v. Room #5 (2 Residents) - 0 Chair	C 174	All Resident Rooms will be furniture for the Number of Residents in Room	8/30/15
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on April 8, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance	C 183	All Fire Extinguishers has been inspected will be checked on a daily basis to ensure emergency equipment in proper working order.	6/19/15

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C 183	Continued From page 13 tags. b. Through-out the building, the portable fire extinguishers annual maintenance was last performed on April 2012.	C 183		6/19/15
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on April 8, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester at the following locations to include but not limited to: i. Bedroom 4,	C 188		
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	Power Receptacle has been fix and repaired. All equipment will be maintained on a daily basis with walk thru provide by Administrator/Manager/STC	6/19/15

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C 189	Continued From page 14 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on April 8, 2015: a. There were gaps around cables that penetrate through the fire resistance rated ceiling assembly at the following locations to include but not limited to: i. Bedroom 11 Bathroom, ii. Bedroom 10, iii. Bedroom 6 b. There are gaps around cables, refrigeration lines and PVC piping as they passed through the fire resistance rated ceiling assembly in the furnace room, c. The fire resistance rated ceiling assembly has holes in the following locations: i. Bedroom 11, 4 x 5 inches ii. Bedroom 10, Closet, iii. Bedroom 15, 2 1/4 inch hole were something was removed, iv. Laundry, 3/4 inch hole d. In Bedroom 5 a device was removed from the ceiling leaving a hole. e. The HVAC grille did not completely cover the hole through the ceiling in the Business Office Manager's Closet f. The 3/4 inch EMT conduit(s) had gaps around them as they penetrate the fire-resistance-rated ceiling at the following location to include but not limited to: i. Med Room.	C 189	<i>All cable will be fix and repaired 8/30/15</i> <i>in Bedroom 11 Bathroom, Bedroom 10, Bedroom 6. All gaps around cable, refrigeration lines and PVC piping has also been fixed and repaired. Holes have been repaired and fixed in Bedroom 11, Bedroom 10, Bedroom 15 and in Laundry and Bedroom 5 and ceiling in Business Office and Manager Office. Emt conduit have been fixed and repaired in Med Room.</i>		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
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C 189	Continued From page 15 g. The gas line had a 5/8 inch gap around it as it penetrated the fire-resistance-rated ceiling at the following location to include but not limited to: i. Kitchen. h. The exhaust fan had dropped down from the ceiling exposing gaps between the unit and the opening through the fire resistance rated ceiling assembly at the following locations to include but not limited to: i. Bedroom 11 Bathroom, i. The HVAC grille had drop down from the ceiling exposing gaps between the duct and the opening through the fire resistance rated ceiling assembly at the following locations to include but not limited to: i. Bedroom 11 Bathroom, j. The corridor wall and door frame at Bedroom 4 was cracking open up gaps through the fire-resistance-rated construction. 2. Based on observation, and interview with manager, the Building was not maintained in a safe and operating condition because there were extra fire alarm devices that may not function properly or have been tested and maintained annually. This would affect all residents, staff and visitors by giving them false assurance that the building has additional fire protection. Findings on April 8, 2015: a. Throughout the Building extra fire alarm devices were either painted, dirty or possibly abandoned. This is not in accordance with the NC Fire Prevention Code which requires fire protection system and/or equipment not inspected, tested and maintained must be removed. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which	C 189	all Gaps will be Repaired in Ceiling Gap has been repaired in Gas line. The Gaps in the Kitchen and in Bedroom 11 and HVAC grill, and door has been fixed in the corridor wall and door frame at Bedroom 4. All non working devices Will be removed. All Extra Fire alarm have been Removed	8/30/15 6/19/15

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C 189	Continued From page 16 illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on April 8, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to: a. Dining, b. Storage, between Laundry and Bedroom 7, c. Between Bedrooms 8 & 9 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 8, 2015: a. Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in August of 2013. b. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in August 2013, there has been no record keeping of the monthly inspections. 5. Based on observation, the Building was not maintained in a operating condition, because the exterior door did not close completely and latch in order to the elements, insect, and vermin out. This could affect all residents, staff and visitors by not keep out the elements, insect, and vermin. Findings on April 8, 2015: a. The left exit door will not close and latch.	C 189	All emergency lighting have been check and Repaired in Dining and Storage between Laundry and Bedroom 7, Between Bedroom 8 & 9, will be checked on a daily basis to ensure safe. Documentation will be placed in office. Kitchen hood has been inspected	6/20/15 6/23/15

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C 189	Continued From page 18 Findings on April 8, 2015: a. Most of the exterior light fixtures were missing some form of cover, globe, or shroud, making it difficult to keep rain out of the fixture and directing the light to the walking areas or drives. 9. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on April 8, 2015: a. The doorknob was loose and may not function properly when used at the following locations to include but not limited to: i. Corridor door to Bedroom 14. ii. Corridor door to Laundry, iii. Corridor door to Bedroom 7 10. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components are failing to function as originally intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building. Findings on April 8, 2015: a. The corridor door frame on one side had rusted away at the floor, at the following locations to include but not limited to: i. Bath 1 ii. Tub 1 11. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting	C 189	all exterior light will be fixed and repaired. 8/30/15 Door Knob All ~~door~~ Will be Fixed in Bedroom 14 and Laundry and bedroom 7. 8/30/15 All Door Frame will be fixed in Bath 1 and Tub 1. 8/30/15	

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C 189	Continued From page 19 into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on April 8, 2015: a. The corridor door did not fit the doorframe and would not latch without extra closing force at the following locations to include but not limited to: i. Bath 1 12. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke and fire due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on April 8, 2015: a. The left side corridor door to Dining was missing its latch bolt. b. The right side corridor door to Dining was missing its latching device. c. Corridor door(s) rubs against its frame and will not close at the following locations to include but not limited to: i. Bedroom 13, d. Bedroom 9, the corridor door's latch bolt is retracted and does not latch, e. Corridor door did not latch to its frame. Locations of specific examples include but are not limited to: i. Right Shower Room, ii. Bedroom 5. f. The corridor door frames were missing their strike plates. Locations of specific examples include but are not limited to: i. Housekeeping,	C 189	All gaps have been repaired. and Door frames have been repaired. Latch bolt has been replaced and latching device has been repaired. Will be fixed by 8/30/15		

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C 189	Continued From page 21 had no air filter in place, leaving an open slot for outside air to enter including insect. In addition, the unit is recirculating unfiltered air that could damage the unit. 16. Based on observation, the Building was not maintained in a clean and uncluttered manner. This could affect residents in the room by providing harborage for vermin. Findings on April 8, 2015: a. The Closet to Bedroom 7 was over packed with items. The items are stored directly on the floor and 17. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on April 8, 2015: a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to: i. The Shower in Bath 1.	C 189	All Items will be fixed by	8/30/15	
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	C 191	All portable heater have been Removed	6/15/15	

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C 191	Continued From page 22 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: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on April 8, 2015: a. A portable electric heater was found in the Med Room.	C 191	Removed	6/15/15	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 failed to provide an environment in accordance with this	C 199	All Exhaust Vent Will be Repaired	8/31/15	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN MANOR REST HOME

390 HARDIN ROAD
FOREST CITY, NC 28043

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C 199	Continued From page 23 Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 8, 2015: a. The exhaust grilles have an excessive accumulation of dust/lint in the following locations to include but not limited to: 1. Soiled Linen Storage. b. The exhaust ventilation had no cover and the fan was running in Bedroom 14 Toilet Room. c. The exhaust ventilation was not working. Locations of specific examples include but are not limited to: 1. Housekeeping.	C 199	all will be Repaired	8/30/15