

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/02/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDEN YEARS REST HOME

**605 SUGAR HILL ROAD
LAWNDALE, NC 28090**

JUL 02 2015

RECEIVED

(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 Follow Up Survey by Billy S. Bryant conducted on 06/02/2015. A deficiency noted during the Biennial Survey on 03/18/2015 remains to be corrected.	{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: 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	{C 101}	I have spoke with 24/7 Repair that will be doing the instilation of the Heat / smoke detector They have assured me the work will be completed by 07/10/2015. Pauline Wellman	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 605 SUGAR HILL ROAD LAWNDALE, NC 28090		
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{C 101}	Continued From page 1 areas, etc... 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.	{C 101}		