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 |
|---|---|---|---|
| | HAL055002 | A. BUILDING: 01<br>B. WING _____ | 03/08/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BOGER CITY REST HOME | 1428 LITTLE VALLEY LANE<br>LINCOLNTON, NC 28092 |

| (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<br><br>Construction Section Biennial Survey report by Frank Strickland on 03/08/2017:<br><br>This facility was first licensed as a Home for the Aged on 04/27/1988. The facility is currently licensed for 52 Beds. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina Building Code-Section 409-Institutional Unrestrained Occupancy.<br><br>Deficiencies have been cited and a Plan of Correction is required.<br><br>Note: A Certificate of Occupancy / Certificate of Compliance was never obtained for the front lobby addition. This area continues to not be approved for occupancy until a Certificate of Occupancy / Certificate of Compliance can be obtained from the Lincoln County Building Inspection Department. | C 000 | Construction Section Biennial Survey report by Frank Strickland on 03/08/2017<br><br>This facility was first licensed as a Home for the aged on 04/27/1988. The facility is currently licensed for 52 beds. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina Building Code-Section 409-Institutional Unrestrained Occupancy.<br><br>DHSR Construction Section should have documentation on file for review. The facility will provide documentation that should be on file for your review.<br>See attachement A | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has failed to protect the wall and door finishes from the | C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300-PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This rule shall apply to new and existing facilities. | |

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| C 164 | Continued From page 1<br>resident wheel chairs.<br><br>Findings on 03/08/2017:<br>The entry door and walls in the vestibule in Room 25 has excessive markings due to contact with the resident's wheel chair.<br><br>2-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.<br><br>Findings on 03/08/2017:<br>The mechanical exhaust fans are not exhausting interior air in the following locations:<br>(a) Room 6.<br>(b) Room 8<br>(c) Room 25 | C 164 | Continued From page 1<br>Plan: Facility will protect the walls and door finishes from wheelchairs. Facility will also repair and paint wall markings due to contact with resident's wheel chair.<br>Monitor will be done by administration or by his or her designee on a weekly basis, and monthly thereafter<br><br>Plan: Facility will repair and replace all exhaust fans in rooms: 6, 8, and 25.<br>Monitoring will be done by administration or by his or her designee on a weekly basis, and monthly thereafter. | 5/19/2017<br><br>5/14/2017 |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by: | C 166 | Housekeeping- Maintained Free of Hazards<br><br>SECTION .0300 PHYSICAL | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER | C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER | |

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| C 189 | Continued From page 2<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.<br><br>Findings on 03/08/2017:<br>There are two 3/4" EMT ceiling penetrations in the Sprinkler Riser Room that are not sealed with a fire resistant sealant.<br><br>2-Based on observation, the building exit signage was not maintained in a safe manner. This could affect all residents by not keeping the exits visible in the event of an emergency.<br><br>Findings on 03/08/2017:<br>The Exit signs are not illuminated at the following locations:<br>(a) Hall 1<br>(b) Hall 3 | C 189 | Continued From page 2<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>Plan: Facility will maintain the fire safety systems n a safe manner by sealing gaps in the Sprinkler Riser Room with a fire resistant sealant.<br><br>Monitoring will be done by adminstration or his or her designee.<br><br>Plan: Facility will replace exit signs on Hall 1 and Hall 3.<br><br>Monitoring will be done by administration or his or her designee. | 05/14/2017<br><br>3/8/2017 |

4 Attachment 11(A)

**North Carolina Department of Health and Human Services**
**Division of Health Service Regulation**
**Construction Section**
2705 Mail Service Center • Raleigh, North Carolina 27699-2705
http://www.ncdhhs.gov/dhsr/

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Steven C. Lewis, Chief
Phone: 919-855-3893
Fax: 919-733-6592

February 21, 2012

Robert Nixon
Po Box 755
Lincolnton, NC 28092

RE: Boger City Rest Home - HA Biennial Survey
1428 Little Valley Lane
Lincolnton Lincoln County
FID #920109 HAL-055-002

Dear Mr. Nixon:

On February 21, 2012, a Follow-Up survey was conducted by documentation submitted by your facility. DHSR - Construction Section has reviewed the submitted material. Based on your commitment to leave the front lobby addition unoccupied until the sprinkler system is complete, all deficiencies have been corrected. No further action will be required at this time; on site verification of the items will be conducted at your next biennial inspection. We continue DHSR - Construction Section's recommendation of approval for fifty-two residents.

The Licensee must notify DHSR - Adult Care Licensure Section in writing when changes occur in the building physical plant, resident ambulation status or if the total capacity of the home plans to increase.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes. Please do not hesitate to call us if you have questions or if we can be of further assistance.

Sincerely,

Dennis Harrell
Building Systems Engineer II
DHSR - Construction Section

cc: DHSR-Adult Care Licensure Section