PRINTED: 06/08/2017
FORM APPROVED

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 ______	05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	430 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 Construction Section Biennial Survey report by Frank Strickland on 05/24/2017: This facility was first licensed or submitted as a Home for the Aged with a capacity of 12 residents on 10/01/1970. Based on this information, this facility was surveyed using the 1967 N.C. State Building Code Section 407-Group "D"-Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulation for Homes for the Aged and Infirm and the applicable portions of the 2009 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	C 000	Completed on 6-22-17	
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1-Based on observations, this facility has not provided all ramps with handrails. Findings on 05/24/2017: The right-hand side front exit has an exterior ramp that does not have any handrails.	C 152		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Paulette Wellmon
TITLE: owner/administrator
(X6) DATE: 7-7-17

STATE FORM [illegible] RW7721 If continuation sheet 1 of 2

	[illegible] 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. (b) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to prevent exterior mounted electrical boxes from being damaged. Findings on 05/24/2017: The septic system low pressure control box that is located at the right-hand side gable end is damaged with a broken cover plate and wiring is not protected.		Completed on 6-22-17	

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STATE FORM [illegible] RW7721 If continuation sheet 2 of 2

Paulette Wellmon

7-7-17