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
	HAL051008	A. BUILDING: 01 B. WING _____	R 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCLAMB'S REST HOME #2	998 FIVE POINT ROAD BENSON, NC 27504

(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 Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 02/02/2017. Deficiencies from the 08/10/2016 Construction Section Biennial Survey remain to be corrected.	{C 000}	CONSTRUCTION SECTION APR 12 2017 RECEIVED	
{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) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the heating, ventilation and cooling system is not maintained in a safe operating condition. This could affect all occupants of the facility if the fans, by continuing to operate and circulate air during a fire, forced smoke into the corridor. Finding on 02/02/2017: a. Two HVAC systems are installed, one for each half of the building. The supply air is ducted to bedrooms and the central returns are located in the corridor making the corridor a return air plenum. Provide a method to shut down the air circulating fans upon activation of the fire alarm system.	{C 189}	We have contracted with a company to 1) install a cut-off that will shut down the air handlers when the fire alarm is activated, and 2) install a manual cut-off close to the kitchen/office of the building. Due to the volume of work to be completed on their schedule, the work will be completed within 30 days from March 30, 2017. The work schedule will be monitored by Cindy Radford and the actual work will be monitored by Rodney McLamb.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cindy Radford
TITLE: Assistant Administrator
(X6) DATE: 3/30/17