| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL051008 | A. BUILDING: **01**<br>B. WING _____ | R<br>**07/19/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MCLAMB'S REST HOME #2** | **998 FIVE POINT ROAD**<br>**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<br><br>Report of Biennial Follow Up Construction Survey by Ed Miller and Frank Strickland, on July 19, 2017.<br><br>Deficiencies from the 02/02/2017 Construction Section Biennial Survey remain to be corrected. | {C 000} | | |
| {C 189} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER 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, 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.<br><br>Finding on 07/19/2017:<br>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.<br><br>Per the Ownder, he has contacted several Alarm | {C 189} | | |

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|---|---|---|---|---|
| {C 189} | Continued From page 1<br>Companies about doing the work but has nothing firmed up. | {C 189} | | |