

Fax Transmittal

McLamb's Rest Home
998 Five Points Road
Benson, NC 27504
Office: 919-207-0282
Fax: 919-894-2349

Date: 6/28/2018

To: Division of Health Service Regulations

Following is signed Corrective Action for McLamb's Rest Home.

Sincerely,
Wanda Berrier

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018
NAME OF PROVIDER OR SUPPLIER MCLAMB'S REST HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Construction Section Survey report by Frank Strickland on 05/24/2018: This facility was first licensed as a Home for the Aged serving 12 residents on 11/03/1983. Therefore this facility was surveyed for conformance with the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and, Revision 2 of the 1977 North Carolina State Building Code(s) for Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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, this facility has failed to maintain the mechanical equipment in a safe and operating condition. * Findings on 04/24/2018: The Kitchen range hood exhaust filter is dirty and has excessive grease build-up. 2-Based on observation, this facility has failed to	C 189		

*Filter thoroughly cleaned 5/25/18
Plan to clean filter
weekly and as needed.*

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018	
NAME OF PROVIDER OR SUPPLIER MCLAMB'S REST HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 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 189	Continued From page 1 maintain the plumbing equipment in a safe and operating condition. X Findings on 04/24/2018: The toilet that is located in Room 6 is not secured to the floor.	C 189	Toilet has been secured 5/30/18 Plan to check check toilets regularly to ensure their safety	

Division of Health Service Regulation
STATE FORM

6589

P2XV21

If continuation sheet 2 of 2

Wanda Berrier
Office Administrator