Subject: Plan of Correction

From: Harrell, Dennis (dennis.harrell@dhhs.nc.gov)

To: settlerscove@att.net;

Cc: dennis.harrell@dhhs.nc.gov;

Date: Monday, August 6, 2018 3:35 PM

Mr. Vanderwall,

Please complete the attached SOD, sign and date at the bottom of the first page and return to me ASAP.

Thanks,

Dennis Harrell

N.C. Department of Health and Human Services

Biennial Institutional Engineering Surveyor

Construction Section

Division of Health Service Regulation

12 Barbetta Drive, Asheville, NC 28806

Phone: (919)218-5524

Fax: (919)733-6592

dennis.harrell@dhhs.nc.gov

http://www.ncdhhs.gov/dhsr/

attached 5 pages including cover

Attachments

- Restwell letter.pdf (100.61KB)
- Restwell SOD.pdf (61.10KB)

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
	HAL081007	A. BUILDING: 01 B. WING ______	R 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTWELL HOME	401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139

(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 Report of Biennial Follow Up Construction Survey by Dennis Harrell on 6-7-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have a current fire safety inspection reports maintained in the home. Finding on 6-7- 2018: The Administrator stated she had faxed in the current fire alarm system inspection report but could not locate it in the facility for review.	{C 111}	WILL FAX COPY OF RUTHERFORD COUNTY INSPECTION REPORT FOR ALL SYSTEMS, WILL KEEP IN INSPECTION FILE	IMMEDIATELY
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	{C 164}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Harry Vandaware

TITLE: ADMINISTRATOR

(X6) DATE: 8/7/18

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
	HAL081007	A. BUILDING: 01 B. WING ______	R 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTWELL HOME	401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139

(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 164}	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain furnishings in good repair. Findings on 6-7-2018: a. Room 9 - the door hardware was still loose. b. Room 7 - the door to the shared bath still did not latch.	{C 164}	REPAIRS WERE MADE IMMEDIATELY. MAINTENANCE MAN WILL CHECK HARDWARE PERIODICALLY.	IMMEDIATELY
{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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 6-7-2018: b. The fire door did not close and latch when the fire alarm was activated.	{C 189}	REPAIRS WERE MADE UPON THE INSPECTOR'S EXIT. WILL CHECK DURING MONTHLY FIRE DRILL	IMMEDIATELY
C 191	Unvented & Portable Elec. Heaters Prohibited	C 191		

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
	HAL081007	A. BUILDING: 01 B. WING ______	R 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTWELL HOME	401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139

(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 191	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: New finding on 6-7-2018; Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 6-7-2018: There was a portable electric heater found in the Administrator's office.	C 191	HEATER WAS REMOVED IMMEDIATELY AND WE WILL BE SURE NO PORTABLE HEATERS ARE ALLOWED.	COMPLETED

RUTHERFORD COUNTY INSPECTION DEPARTMENT

MISSION STATEMENT
The Rutherford County Inspection Department's mission is to assist the public in the protection of life and property by minimizing the impact of fire and potential disasters or events that affect the community and environment.

270 N Toms St   Rutherfordton, NC 28139
Phone: (828) 287-6035   Fax: (828) 287-6338

FIRE INSPECTION REPORT

DATE: 11:09 AM	TIME: 7.11.18
OCCUPANT: RESTWELL HOME	
ADDRESS: 401 US 221 HWY S.	
CONTACT INFO: (Name) CHERIE WALKER	
(Phone) 828.980.3038	
(Mailing Address)	

OCCUPANCY TYPE

- ☐ Assembly
- ☐ Business
- ☐ Daycare
- ☐ Educational
- ☐ Factory/Industrial
- ☐ Hazardous
- ☒ Institutional
- ☐ Mercantile
- ☐ Miscellaneous
- ☐ Residential
- ☐ Storage
- ☐ I-4

TYPE OF INSPECTION

- ☒ Routine
- ☐ Reinspection
- ☐ Walk Through
- ☐ Complaint
- ☐ Sprinkler/Hood Suppresion
- ☐ Fire Alarm
- ☐ Fire Final

BUILDING INFORMATION

Sprinkler System ☐ YES ☒ NO
Alarm System ☒ YES ☐ NO
Number of Stories ________
Sq. Ft. ________

Inspection Notes:

- NO COMBUSTIBLE MATERIAL HANGING FROM CEILING (SEND CODE REFERENCE)
- NO DOOR KNOB COVERS ON EGRESS DOORS
- KEEP CEILING CLEARANCE TO 24" IN STORAGE AREAS (NONSPRINKLED BUILDING)
- GENERAL HOUSEKEEPING IN LAUNDRY AREA
- FIX HANDRAIL ON OUTSIDE STAIRS

settlerscove@att.net

COPY RECEIVED BY:	INSPECTED BY:
(Print) Cherie Walker	(Print) Clint Houser
(Signature) Cherie Walker LNHA	(Signature) Clint Houser