

Division of Health Service Regulation

|                                                     |                                                                               |                                                                            |                                                        |
|-----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL017040</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/19/2018</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**G ANTHONY RUCKER REST HOME**

**1196 HODGES DAIRY ROAD  
YANCEYVILLE, NC 27379**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                        | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| C 000                    | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on July 19, 2018.<br><br>This facility was licensed on November 7, 1888 as a Home for the Aged serving twelve residents. Therefore, this facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code with 1984 revision section 409.1(c) Institutional (I) Occupancy- Unrestrained in effect at the time of initial licensure.<br><br>Deficiencies were cited and a Plan of Correction is required.                                                                                                                    | C 000               |                                                                                                                                                                 |                          |
| C 160                    | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside premises were not maintained in a clean and safe condition.<br><br>Findings on July 19, 2018:<br>a. Smoking porch - the ceiling battens are warped and falling away from the porch roof.<br>b. Smoking porch - there is a broken table, water cooler and other items that are laying under the porch.<br>c. Back corner of facility - there is a fence | C 160               | The administrator will assure that smoking porch battens are nailed back up.<br><br>The administrator will assure that table and cooler are removed from porch. | 10/15<br><br>10/15       |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*G Anthony Rucker*

*Owner*

*8/20/18*

STATE FORM

5899

VKFF21

If continuation sheet 1 of 5

**RECEIVED**

AUG 28 2018

CONSTRUCTION SECTION

Division of Health Service Regulation

|                                                  |                                                                            |                                                                            |                                                     |
|--------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL017040</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/19/2018</b> |
|--------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|

|                                                                   |                                                                                                  |                                                 |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><b>G ANTHONY RUCKER REST HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1196 HODGES DAIRY ROAD<br/>YANCEYVILLE, NC 27379</b> | (X3) DATE SURVEY COMPLETED<br><b>07/19/2018</b> |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                          | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| C 160                    | Continued From page 1<br>installed approximately 6' from the back of the building that wraps around the side. A bush has overgrown at the the back corner of the facility, restricting the path of egress to the gate.                                                                                                                                                                                                                                                                                                                    | C 160               | Administrator will assure that bush is trimmed or cut so it will not block walkway.                                                                                                                                                                                                                                               | 10/15                    |
| C 160                    | d. The stucco finish is falling off of the chimney in chunks. The broken material is on the roof and ground around the chimney.<br>e. The access panel at the back of the chimney does not completely close leaving a gap for pests to enter the facility.<br>f. There is a hole in the exterior to the left of the chimney and a gap around the cable penetration to the left of the chimney.<br>g. There is a build-up of mildew along the back of the facility and the gutters have small plants growing in them.                      | C 160               | Administrator will assure to get stucco replaced or either paint chimney.<br>Administrator will assure that back of chimney is closed or sealed.<br>Administrator will assure that hole is repaired to left of chimney.<br>Administrator will assure that back of building where mildew is be cleared and gutters be cleaned out. | 10/15<br>10/15<br>10/15  |
| C 164                    | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br>This Rule is not met as evidenced by:<br>1. Observations revealed that the ceilings were not kept in good repair. | C 164               |                                                                                                                                                                                                                                                                                                                                   |                          |
| C 160                    | Findings on July 19, 2018:<br>a. Room 1 - the finishing tape is pulling loose from the ceiling over the beds.<br>b. Room 6 - there is a large brown water stain on the ceiling at the R/A vent.                                                                                                                                                                                                                                                                                                                                           | C 160               | Administrator will assure that tape is repaired<br>Administrator will assure that brown stain is removed in ceiling of room #6                                                                                                                                                                                                    | 10/15<br>10/18           |

Division of Health Service Regulation - the ceiling patterns are warped and falling away from the porch roof.

6899

VKFF21

If continuation sheet 2 of 5

p. Smoking porch - there is a broken table, water cooler and other items that are laying under the porch.  
c. Back corner of facility - there is a fence

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

DATE

Division of Health Service Regulation

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                 |                                                                               |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL017040</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                      | (X3) DATE SURVEY COMPLETED<br><br><b>07/19/2018</b>                           |
| NAME OF PROVIDER OR SUPPLIER<br><b>G ANTHONY RUCKER REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1196 HODGES DAIRY ROAD<br/>YANCEYVILLE, NC 27379</b> |                                                                                                                 |                                                                               |
| (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 2                                                                                                                                                                                                                                                                                                                                                                                                                   | C 164                                                                                            |                                                                                                                 |                                                                               |
| C 160                                                             | Findings on July 19, 2018:<br>a. Laundry room - the wood trim at the chase wall behind the washer is falling off of the wall.                                                                                                                                                                                                                                                                                                           | C 160                                                                                            | <i>Administrator will assure that trim around wall be repaired</i>                                              |                                                                               |
| C 166                                                             | Housekeeping-Maintained Free of Hazards<br>SECTION 10300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities;<br>g. There is a build-up of mildew along the back.<br>This Rule is not met as evidenced by all plants | C 166                                                                                            |                                                                                                                 |                                                                               |
| C 184                                                             | Housekeeping and Furnishings Clean, Repaired<br>Findings on July 19, 2018:<br>a. Shower bath - the towel bar has broken off leaving the hard metal brackets. The sharp edges of the brackets could cause injury.<br>(a) Adult care homes shall:                                                                                                                                                                                         | C 184                                                                                            |                                                                                                                 |                                                                               |
| C 189                                                             | Building-Equipment Maintained Safe, Operating<br>coverings kept clean and in good repair;<br>SECTION 10300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>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                                           | C 189                                                                                            |                                                                                                                 | <i>Administrator will assure that metal brackets be removed and replaced.</i> |

Division of Health Service Regulation

STATE FORM

5899

VKFF21

If continuation sheet 3 of 5

Division of Health Service Regulation

STATE FORM

5899

If continuation sheet 3 of 5

Division of Health Service Regulation

|                                                  |                                                                     |                                                                     |                                              |
|--------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL017040 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>07/19/2018 |
|--------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|

|                                                            |                                                                                          |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br>G ANTHONY RUCKER REST HOME | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1196 HODGES DAIRY ROAD<br>YANCEYVILLE, NC 27379 |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                    |                                                                                                                        |               |                                                                                                                 |                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|--------------------|
| (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 3<br>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.                                                                                                                                                                                                                                                                                                                                                                                       | C 189 |                                                                                                 |       |
| C 151 | This Rule is not met as evidenced by:<br>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 from the area of origin.<br>Findings on July 19, 2018:<br>a. Soiled linen - the corridor door does not latch when closed.<br>b. Room 5 - the door does not latch when closed. |       | Administrator will assure that soiled linen closet be repaired to latch when closed             | 10/15 |
| C 165 | 2. Observations revealed that the mechanical equipment is not maintained in operating condition.<br>Findings on July 19, 2018:<br>a. Room 1 - the R/A grille has a heavy accumulation of dust.                                                                                                                                                                                                                                                                                                              |       | Administrator will assure that room #5 door is repaired to latch when it is closed.             | 10/15 |
| C 189 | 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency.<br>Findings on July 19, 2018:<br>a. Room 1 - there is a battery operated smoke detector in the room in addition to a heat detector. The smoke detector did not sound when tested with canned smoke.                      |       | Administrator will assure that room #1 R/A is cleared and free of dust.                         | 10/15 |
| C 189 | 4. Based on observation the plumbing equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | Administrator will assure that smoke detector battery is replaced or smoke detector is replaced | 10/15 |

Division of Health Service Regulation

STATE FORM (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

6899

VKFF21

If continuation sheet 4 of 5

Division of Health Service Regulation

STATE FORM

NAME OF PROVIDER OR SUPPLIER \_\_\_\_\_ STREET ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_

07/19/2018

|                              |                          |
|------------------------------|--------------------------|
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY AND |
| C 189 Continued From page 4  | 1195 HOGG C 189          |
| G ANTHONY RUCKER REST HOME   | YANCEYVILLE, NC 27379    |

is not being maintained in operating condition.  
SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
PREFIX TAG  
TAG  
C 189  
Findings on July 19, 2018:  
a. The small bath is not being used and the  
water has been turned off at the fixtures.  
Continued From page 3  
5. Based on observation the facility did not  
maintain electrical emergency/safety lighting  
equipment in safe operating condition. This could  
effect occupants of the facility if egress paths and  
exits were not illuminated during a power outage.  
1. Based on observation there is a failure to  
maintain the facility's fire safety equipment in a  
safe operating condition. Specifically, the smoke  
doors do not completely close and latch to help  
limit the spread of smoke or fire from the area of  
origin.  
Findings on July 19, 2018  
a. Soiled linen - the corridor door does not latch  
when closed.  
b. Room 5 - the door does not latch when closed.  
2. Observations revealed that the mechanical  
equipment is not maintained in operating  
condition.  
Findings on July 19, 2018  
a. Room 1 - the R/A grille has a heavy  
accumulation of dust  
3. Based on observation the facility's fire safety  
equipment is not maintained in operating  
condition. Failure to maintain fire safety  
equipment in operating condition could effect  
occupants of the facility if the equipment did not  
function during a fire or other emergency.