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
	HAL093001	A. BUILDING: 01 B. WING _____	R 09/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYD'S REST HOME # 2	295 CARROLLTOWN ROAD MACON, NC 27551

(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 a Biennial Follow Up Construction Survey by Suzanna Fay and Frank Strickland conducted on September 6, 2018. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on September 6, 2018: a. In addition to the monitored fire alarm system, the facility has smoke detectors with battery back-up in the hallways and in each bedroom. The batteries have been removed from all of the smoke detectors. Interview with Staff revealed that the batteries were purchased and will be installed. 2. Observations revealed that the mechanical	{C 189}	9V6 Batteries placed in smoke detectors	9/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Gail Bradford TITLE Co-Admin (X6) DATE 10/29/18

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{C 189}	Continued From page 1 equipment was not maintained in good repair. Findings on September 6, 2018: a. The dryer cap for the duct extending through the side wall is missing. Interview with Staff indicated that they were not aware of the second dryer duct as it is behind the A/C units and partially obscured. b. Kitchen - the filters on the kitchen range hood have a heavy accumulation of grease. Interview with Staff revealed that the vendor is scheduled to come and clean the range hood this week. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings and walls could allow fire and smoke to spread beyond the area of origin. Findings on September 6, 2018: a. Water heater room - there are four unsealed penetrations along the back wall. Interview with Staff revealed that she was not aware of those penetrations and will get them sealed. b. Basement stair - there is a red pipe penetrating the wall of the stair that has not been sealed. Interview with Staff revealed that she would have the pipe sealed. 4. Observations revealed that the electrical equipment was not maintained in a safe operating condition. Findings on September 6, 2018: a. Water Heater Room - the electrical outlet to the right of the abandoned water heater does not have a cover plate. Interview with Staff revealed that she would purchase a cover plate and get it	{C 189}	Dryer cap installed Filters cleaned at car wash using ZEP degreaser remover product Remaining holes & gaps filled in w/ 3M Fire Barrier Sealant. Purchased fcover plate for water heater and installed it	9/20/18 9/26/18 9/26/18 10/24/18

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{C 189}	Continued From page 2 installed. 5. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on September 6, 2018: a. The exit light/sign at the door leading into the kitchen was not illuminated nor did it illuminate on battery test. Interview with Staff revealed the exit light was purchased and on site. She was waiting on the electrician to come and install the sign. b. Kitchen - the exit light/sign at the exterior door did not illuminate on battery back up. Interview with Staff revealed that she was not aware that this item was on the citation list. She will have the electrician look at the exit light when he comes. 6. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on September 6, 2018: a. The fire extinguishers are not being inspected monthly by the in-house staff. Interview with Staff revealed that they will begin performing in-house inspections. b. The kitchen suppression system is not being inspected monthly by in-house staff. Interview with Staff revealed that they will begin performing in-house inspections.	{C 189}	Exit sign batteries installed Fire extinguishers & suppression system have been in-house inspected monthly as of:	9/19/18 9/6/18

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{C 189}	Continued From page 3 7. Observations revealed that the plumbing equipment was not maintained in a safe operating manner. Findings on September 6, 2018: a. Resident Restroom - the toilet was loose. Interview with Staff indicated that she would have the toilet secured.	{C 189}	Bathroom toilet secured - see receipt	7/27/18
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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. Observations revealed that exhaust ventilation was not provided in required areas. Findings on September 6, 2018: a. Visitor Restroom - the exhaust fan was not working at the time of survey. Interview with Staff revealed that she was waiting on the same electrician to repair the exhaust fan.	{C 199}	Exhaust fan installed	10/29/18