STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055002	A. BUILDING: **01** B. WING _____	**02/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOGER CITY REST HOME	**1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092**

(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 Construction Section Biennial Survey report by Frank Strickland on 02/27/2019: This facility was licensed as a Home for the Aged on 04/27/1988 and is currently licensed for 52 Beds. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina Building Code-Section 409-Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required. Note: A Certificate of Occupancy / Certificate of Compliance was never obtained for the front lobby addition. This area continues to not be approved for occupancy until a Certificate of Occupancy / Certificate of Compliance can be obtained from the Lincoln County Building Inspection Department.	C 000		
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. This Rule is not met as evidenced by: 1-Based on observation, this facility has not kept the ceilings clean and in good repair.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055002	A. BUILDING: **01** B. WING _____	**02/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOGER CITY REST HOME	**1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092**

(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 Findings on 02/27/2019: The ceiling in the Salon-THREE HALL is damaged due to water migration.	C 164		
C 170	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, curtains shall be provided for resident privacy. Findings on 02/27/2019: The privacy curtains have been removed in the Men's & Women's Spa Bathrooms in TWO HALL.	C 170		
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.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055002	A. BUILDING: **01** B. WING _____	**02/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOGER CITY REST HOME	**1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092**

(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 2 This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained the fire safety components in a safe and operation condition. Findings on 02/27/2019: The exit sign was not luminated at the Front Entry door. 2-Based on observation, this facility has not maintained the fire safety components in a safe and operation condition. Findings on 02/27/2019: The emergency pull that is adjacent to the Front Entry door, has a broken pull handle and does not activate the Fire Alarm Panel. 3-Based on observation, this facility has not maintained the mechanical equipment in a safe and operation condition. Findings on 02/27/2019: The mechanical exhaust fans at the following locations do not operate: (a) Rooms 5/7-ONE HALL (b) Rooms 10/11-TWO HALL (c) Common Bath-THREE HALL 4-Based on observation, this facility has not maintained the mechanical equipment in a safe and operation condition. Findings on 02/27/2019: The return-air & exhaust grilles have excessive particulate build-up in the Visitor's Mens & Womens Bathrooms-TWO HALL. 5-Based on observation, this facility has not maintained the plumbing fixtures in a safe and	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055002	A. BUILDING: **01** B. WING _____	**02/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOGER CITY REST HOME	**1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092**

(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 operation condition. Findings on 02/27/2019: The sink is not secured to the wall at the Common Bath-THREE HALL.	C 189		