

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL045005</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/25/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCCULLOUGH'S REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>720 ORR'S CAMP ROAD<br/>HENDERSONVILLE, NC 28739</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 000                                                             | Initial Comments<br><br>Report of Construction Section Biennial Survey<br>by Dennis Harrell on 6-25-2019.<br><br>Records indicate that this facility was first<br>licensed on 2-1-1976, for the current licensed<br>capacity of 13 residents. Based on this<br>information, the facility is required to meet the<br>1971 Minimum and Desired Standards and<br>Regulations for Homes for the Aged and Infirm,<br>the applicable portions of the 2005 10A NCAC<br>13F - Licensing of Adult Care Homes of Seven or<br>More Beds, and the 1967 NC State Building<br>Code(s) for Group D-2 - Institutional<br>Occupancies.                                             | C 000                                                                                            |                                                                                                                          |                                                        |
| C 111                                                             | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND<br>CONSTRUCTION(<br>f) The facility shall have current sanitation and<br>fire and building safety inspection reports which<br>shall be maintained in the home and available for<br>review.<br><br>This Rule is not met as evidenced by:<br>Based on a review of documents, the most recent<br>fire alarm system inspection report was dated<br>5-11-2017. Fire alarm systems that are not<br>inspected and approved annually, as required,<br>could result in the fire alarm system not operating<br>properly in the event of an actual fire. | C 111                                                                                            |                                                                                                                          |                                                        |
| C 164                                                             | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C 164                                                                                            |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCCULLOUGH'S REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>720 ORR'S CAMP ROAD<br/>HENDERSONVILLE, NC 28739</b> |                                                                                                                          |                                                        |
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| C 164                                                             | Continued From page 1<br><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><br>This Rule is not met as evidenced by:<br>Based on observation, a floor covering was not maintained in good repair.<br>Finding on 6-25-2019;<br>The floor covering in room 1 was torn behind the door.                                                                                                                                                                                                                                                                                                                                                                   | C 164                                                                                            |                                                                                                                          |                                                        |
| C 185                                                             | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR<br>EVACUATION<br>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and | C 185                                                                                            |                                                                                                                          |                                                        |

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| C 185                                                             | Continued From page 2<br><br>delay in an actual emergency.<br>Finding on 6-25-2019:<br>The last recorded fire drill rehearsal was dated<br>6-4-2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C 185                                                                                            |                                                                                                                          |                                                        |
| C 189                                                             | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the heat detector in<br>bedroom 1 was damaged with the collector disc<br>missing. Damaged detectors may not work<br>properly and endanger all residents and staff.<br><br>2. Based on observation, the facility failed to be<br>maintained in a safe condition because of an exit<br>sign not working properly. Malfunctioning exit<br>signs could delay or prevent an evacuation in an<br>emergency.<br>Finding on 6-25-2019:<br>The exit sign at the living room entrance/exit was<br>not illuminated. | C 189                                                                                            |                                                                                                                          |                                                        |