PRINTED: 07/01/2019
FORM APPROVED
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
	HAL046005	A. BUILDING: 01 B. WING	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 Construction Section Biennial Survey by Dennis Harrell on 6-25-2019. Records indicate that this facility was first licensed on 2-1-1976, for the current licensed capacity of 13 residents. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1967 NC State Building Code(s) for Group D-2 - Institutional Occupancies.	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: Based on a review of documents, the most recent fire alarm system inspection report was dated 5-11-2017. Fire alarm systems that are not inspected and approved annually, as required, could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	Completed 12-6-18 Sending Copy dated 12-6-18	July 15, 19 7/15/1
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 1 (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: Based on observation, a floor covering was not maintained in good repair. Finding on 6-25-2019; The floor covering in room 1 was torn behind the door.	C 164	Will be done 8-28-18 Handy man on Vacation	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 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	Was tested 12-16-18 Sending copy of fire test on 12-16-18	

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C 185	Continued From page 2 delay in an actual emergency. Finding on 6-25-2019: The last recorded fire drill rehearsal was dated 6-4-2018.	C 185	All fire drills were found in managers office 6-4-18 - 7-15-19	
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, the heat detector in bedroom 1 was damaged with the collector disc missing. Damaged detectors may not work properly and endanger all residents and staff. 2. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding on 6-25-2019: The exit sign at the living room entrance/exit was not illuminated.	C 189	Heat detector was replaced on 7-1-19 Exit light replaced on July 25, 19	7/1/19 7/25/19

ADT | ProtectionOne

1-800-GET-HELP (438-4357)

FIRE INSPECTION AND TESTING REPORT

Customer Number 152553188 Contact Telephone Number (828) 693-7976 Branch Number Contract Number

CS Number AS624404554 Site Number 950269623 Job Number 181246796

Customer Last Name MC Cullough's Rest Home First Name MI Today's Date 12-6-18

Site Address 720 Orr's Camp Road City Hendersonville State NC Zip Code 28792

Billing Address (if different from above) City State Zip Code

TYPE TRANSMISSION

- McCulloh
- Multiplex
- ✓ Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Model No.: SK4/5129 Communicator

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
4	B Y	4	Manual Fire Alarm Boxes
			Ion Detectors
6	X	6	Photo Detectors
			Duct Detectors
2	X	2	Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is disabled_____ enabled_____.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
3	X		Horns
			Chimes
3	X		Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other: _____

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SIGNALING LINE CIRCUITS