

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139		
(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 10-17-2019. Records indicate this facility was first licensed on 1-1-1973, for 34 beds. Based on this information, we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 NC State Building Code and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.	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 required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and	C 166		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139		
(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 166	Continued From page 1 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings 10-17-2019: Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the PCA office.	C 166		
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, several corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139		
(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 Findings on 10-17-2019; a. The door to room 3 would not close and latch. b. The door to room 15 would not close and latch. c. The door to the Director's office off the front corridor was wedged open. Note; This deficiency was corrected during the survey. d. The door to the kitchen was wedged open. e. The door to bedroom 19 was propped open. f. There was a hole at the latchset through the door to the kitchen. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 10-17-2019: a. Hole in the ceiling of the closet off the medical office, b. Unsealed penetration in the ceiling of the closet off the medical office, c. Unsealed penetration in the ceiling of the medical office, d. Unsealed penetration in the ceiling of the laundry, f. Unsealed penetrations (5) in the ceiling of the water heater closet, g. Unsealed penetrations (2) in the ceiling of the pantry, h. Unsealed penetration in the ceiling of the front corridor near the director's office, i. Heat detector hanging by the wires in the ceiling of the dining room, j. Receptacle very loose in the wall of the corridor near room 7. 3. Based on observation, the combination exit	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139		
(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 sign/battery powered emergency light to the back hall would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. Based on observation, an electrical outlet expander was in use in the Administrator's office. Electrical outlet expanders are not approved for use in Institutional Occupancies.	C 189		