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
	HAL081008	A. BUILDING 01 B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN MANOR REST HOME	390 HARDIN ROAD FOREST CITY, NC 28043

(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 9-11-2019. Records indicate this facility was first licensed on 1-1-1969. The facility is licensed for 25 beds. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code-Section 300.1(b) Institutional Occupancy, the 1971 Rules for the Licensing of Homes for the Aged, and the applicable portions of the 2005 Regulations for Adult Care Homes for Seven or More Beds.	C 000		
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 hazards; (e) This Rule shall apply to new and existing facilities This Rule is not met as evidenced by: 1. Based on observation, a switch plate was missing in the SIC office exposing energized wires and parts. Exposed wiring could be a hazard to all occupants of the facility. 2. Based on observation, an access panel was removed on the generator in the backyard exposing controls and switches to the elements and to the residents. Exposed parts and controls could be a hazard to all occupants of the facility.	C 166	1) Switch plate in SIC office has now been covered. All wires are covered. manager and maintence supervisor will preform rountine checks to ensure wires are still covered and repair in a timely manner if needed 2) Generator panel has been replaced manager will preform weekly walks to back	~~11-1-19~~ 11-1-19 11-1-19 ~~11-1-19~~

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Crystal K Hardin TITLE Director (X6) DATE 10/21/19

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C 185	Continued From page 1	C 185	If faculty to make sure panel is intact if not maintence will be notified to re attach.	
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 a review of documents, the records available onsite did not include the time the rehearsal was done.	C 185	All fire drills are up to date and documented correctly 12-1-19 11-1-19 Admin + manager will preform audits monthly to ensure all documents are correct. If any holes they will be fixed immediately.	
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, corridor doors are	C 189		

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C 189	Continued From page 2 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. Findings on 9-11-2019; a. There were 2 holes at the latchset through the door to the medroom. b. The door to bedroom 2 could not close and latch because the bed extended into the doorway. Note: This deficiency was corrected during the survey. c. The strike was damaged at the door to the laundry. d. The latchbolt was missing on the door to bedroom 3 so the door could not latch. e. The door to bedroom 3 was damaged. f. The latchset is very loose on the door to bedroom 13. 2. Based on observation, the required one-hour fire rated ceiling were compromised in 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 9-11-2019: a. Unsealed penetration in the ceiling of the SIC office, b. Damaged ceiling in the pantry. 3. Based on observation, the exterior of the building was not properly maintained in a safe condition. Findings on 9-11-2019: a. The window screen to a bedroom was laying on the ground. b. One of the gutter downspouts had fallen off.	C 189	All doors ceiling And windows will be repaired within a timely manner. Admin, Manager, and maintence will Repair all areas immediately. Manager will preform routine monthly checks of doors and ceilings to ensure there are no cracks holes or latching problems to ensure fire safety. All issues will be reported to Admin + maintence immediately so repairs can be done. All outside repairs have been taken care of. Window screen has been replaced gutters have been	12-1-19 11-1-19 12-1-19 11-

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C 189	Continued From page 3 c. About 4 feet of the overhang soffit had fallen out near the electrical service entrance. 4. Based on observation, there was no documentation of the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. The system was re-tagged in July and was not inspected in August. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 189	replaced Maintence will preform weekly walk abouts with manager to ensure no other issues occur. All new issues will be repair immediately Hood system has now been inspected and documented of all inspections manager will check after all inspections to ensure all documentation is done	~~10/1/19~~ 11-1-19