

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 a Construction Section Biennial Survey by Ed Miller, conducted on May 2, 2024. This facility was first licensed on 12/16/1996. However, records provided by the facility indicate the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 09/07/1988), the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the older wings to meet the 1967 NC Building Code requirements for Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds, and the newer wing to meet the 1978 NC Building Code requirements for Institutional occupancy, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	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.	C 164			

Division of Health Service Regulation

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

Rebecca Bradley

TITLE

Director

(X6) DATE

6/28/24

STATE FORM

6899

B0J721

If continuation sheet 1 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 This Rule is not met as evidenced by: 1. Based on observation, the walls were not kept clean and in good repair. Findings on May 2, 2024: a. South Wing, Bathroom with a Tub - the wall behind the locker had several areas with bubbling and peeling paint. b. Middle Wing, Corridor - the baseboard was missing, and the wall painting needs to be completed. 2. Based on observation, the floors were not kept clean and in good repair. Findings on May 2, 2024: a. South & Middle Wings, All Bathrooms & All Half Baths - there was a pattern of the terrazzo floors being stained around the toilet bases. b. Middle Wing, Bedroom 9 - some of the black glue from when the terrazzo floor was covered with tile remains. In addition, the floor was dirty. c. Middle Wing, Bedroom 9 Bathroom - the floor was dirty. d. Middle Wing, Corridor - the floors were dirty, and there was an excessive amount of wax and dirt built-up around the door frames, and where the floor met the wall. 3. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on May 2, 2024: a. Middle Wing, Laundry - the exhaust ventilation grille had an excessive accumulation of dust/lint.	C 164	1a. wall repair w/ peeling paint. S. hall wall repainted 1b. middle hall baseboard replaced painting to be completed 2a. All bathrooms & half baths toilet staining removed 2b. Black glue remains will be removed. 2c. Floor scraped and scrubbed 2d. Floors have been scraped around door frames. 3a. exhaust fan was cleaned & replaced	6/19 7/10 6/19 7/10 7/10 6/19 6/19 6/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 2 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, the building was not free of all hazards. Findings on May 2, 2024: a. South Wing, Boiler Room - the water heater cover was open for repairs, exposing energized electrical components. 2. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on May 2, 2024: a. South Wing, Utility Closet - one portable oxygen cylinder was standing up on the floor and, a portable medical oxygen cylinder with regulator extending beyond its collar guard was standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166	1a. Water heater was repaired + cover replaced 6/19 2a. APS oxygen company brought a stand for solid oxygen cylinder 6/14		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:	C 175			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 175	Continued From page 3 (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas with the required individual towel and/or towel bar for each resident. Findings on May 2, 2024: a. Middle Wing, Bedroom 9 - this triple occupancy bedroom and adjoining bathroom was missing two of its three required individual towel bars.	C 175	1a. 2 towel bars were placed in #9		6/26
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on May 2, 2024: a. Middle Wing, Kitchen Pantry - the collector plate for the heat detector was being obstructed	C 189			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 4 as a conduit was installed directly below the collector plate. 2. Based on observation, the facility was not maintained in a safe and operating condition by not having fire rated doors that close to contain fire and smoke. This could affect all residents and staff by not containing fire and smoke in the room of origin. Findings on May 2, 2024: a. Firewall between North and Middle Wings - the cross-corridor double egress door leaf, nearest to bedroom 9, only closed and latched on its own power, once out of five tries. 3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 2, 2024: a. Firewall between North and Middle Wings Staff Station side- the exit sign had its left chevron directional indicator, punch-out removed. With this chevron punch-out removed, the exit sign was directing you to turn left to exit, but the correct way out was straight. 4. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on May 2, 2024: a. Middle Wing., Kitchen - per the attached maintenance tag, the commercial kitchen hood	C 189	1a. Alarm company will be out to remove + replace heat detector away from conduit placement. 2a. Fire door has been repaired so it will close & latch with own power. 3a. Arrow on the exit sign has been hidden. 4a. Asheville Fire protection came out to maintain & inspect & test system.	7/15 6/26 6/19 6/4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 5 fire suppression systems last semi-annual maintenance was performed in September 2023. This exceeds the requirement to have this fire suppression system inspected and tested at least semi-annually. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 2, 2024: a. South Wing, Bedroom 5-Shared Half Bathroom - an electrical power receptacle, without ground fault protection was within six feet of the sink. b. South Wing, Bedroom 10-Shared Half Bathroom - an electrical power receptacle, without ground fault protection was within six feet of the sink. c. South Wing, Bedroom 10 Shared half Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. d. South Wing, Director Office - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. e. South Wing, RCC Office - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. f. Middle Wing, Nurse Station - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. g. Middle Wing, Dining - several lights were not completely secured to the ceiling. 6. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on May 2, 2024:	C 189	5a.b.GFCI has been added-put in. 5c. GFCI has been replaced. 5d-f multi plug adaptors have been removed. 5g lights were secured to ceiling.	6/26	6/26

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2024
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

LAKE JAMES LODGE

STREET ADDRESS, CITY, STATE, ZIP CODE

**63 LAKEVIEW DRIVE
MARION, NC 28752**

(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 6 1. Middle Wing, File Room near Bedroom 6 - there were some conduits and wires that were not firestopped or the firestopping material has fallen out as they penetrated the fire-resistance-rated ceiling assembly. a. Middle Wing, Boiler Room - there were several penetrations sealed with orange foam. This orange foam was not approved for penetration through fire-resistance-rated construction. b. Middle Wing, Back Porch - there were several penetrations sealed with orange foam. This orange foam was not approved for penetration through fire-resistance-rated construction. c. Middle Wing, Kitchen Pantry - there were several penetrations sealed with foam that looks like "Great Stuff" foam. "Great Stuff" foam was not approved for penetration through fire-resistance-rated construction. d. Middle Wing, Dining - there were several holes that penetrated through the one-hour fire-resistance-rated ceiling where light fixtures were removed. e. Middle Wing, Dining - there were two conduits that penetrated through the one-hour fire-resistance-rated wall where light fixtures were removed and sealed with foam that looks like "Great Stuff" foam. "Great Stuff" foam was not approved for penetration through fire-resistance-rated construction. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 2, 2024: a. South Wing, Bedroom 1 - when the corridor door was closed, there was a 1/2-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap	C 189	1. Fire caulk has been replaced a. orange foam was removed & fire caulk was put in b. Foam was removed & fire caulk was put in. c. foam was removed & fire caulk put in its place d. Holes have been repaired in dining room e. foam removed & replaced with fire caulk 7. a. gap has been repaired	6/26 6/26 6/26 6/26 6/26 6/26

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 7 of 1/4 inch for a non-sprinklered building. b. South Wing, Bedroom 2 - when the corridor door was closed, there was a 1/2-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. c. South Wing, Bedroom 6 - when the corridor door was closed, there was a 1/2-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. d. South Wing, Beauty Shop - when the corridor door was closed, there was a 1/2-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. e. South Wing, Bedroom 11 - when the corridor door was closed, there was a 7/8-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. f. South Wing, Utility Closet - when the corridor door was closed, there was a 3/4-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. g. South Wing, Boiler Room - the corridor door was very hard to close. h. Middle Wing, Bedroom 6 - there were two 1/4-inch diameter holes through the corridor door around the door handle. i. Middle Wing, Laundry - the corridor door drags on the floor requiring more effort and/or force to close and latch the door. j. Middle Wing, Living Room - the exterior door does was not tall enough to fill its door frame. This allows insects and other pest to enter the building. 8. Based on observation, the building was not	C 189	7.f.g.h.j. the gaps have been repaired 7.b.c.d.e. the gaps will be repaired 7.i. the door will be repaired to keep from dragging 8.	6/26 7/10 7/10	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 8 maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools, or special knowledge, or effort. This could affect all if the door becomes locked with someone inside. Findings on May 2, 2024: a. South Wing, Bedroom 10 Closet behind Corridor Door - the closet door was equipped with hasp hardware. This locking system does not provide an override device allowing exit from inside. b. South Wing, Bedroom 9 Closet - the closet door was equipped with hasp hardware. This locking system does not provide an override device allowing exit from inside. 9. Based on observation, the grips (grab bars) are not maintained in a safe and operating condition. Findings on May 2, 2024: a. South Wing, Bathroom with Tub - the shower's hand grip (grab bar) was broken.	C 189	8a.b. hasp hardware was removed 9a. grab bar was replaced	6/3 6/3
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 191	Continued From page 9 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if a heater was the ignition source of a fire. The danger increases if used by residents or combustible material was near. Findings on May 2, 2024: a. South Wing, Mech Room across from Beauty Shop- 10 portable electric heaters, were found in this room.	C 191	1.a. Box of heaters were removed from premises.		5/3
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation. Findings on May 2, 2024: a. South Wing, Women - the exhaust ventilation system was not functioning.	C 199	1.a.b. both bathroom vent fans were replaced.		5/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
(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 199	Continued From page 10 b. South Wing, Men - the exhaust ventilation system was not functioning.	C 199	Maintenance as well as director will work together to ensure that the monthly building checks, room & bathroom checks are completed. As well as checking dates of fire inspection on kitchen suppression system & fire ext. throughout building monthly. And checking GFCI's.		7/10