1-919-733-6592

PRINTED: 04/29/2025
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
	HAL045005	A. BUILDING: 01 - MAIN B. WING	R 02/27/2025

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 Follow Up Survey by Suzanna Fay conducted on February 27, 2025. Deficiencies cited had not been corrected and a Plan of Correction is required.	{C 000}	CEILING WAS REPAIRED CEASE WATER FROM LEAKING FROM ROOF FACILITY MONITORING SAME TO AVOID REOCCURRENCE. IF ANY DAMAGES IS OBSERVED IN FACILITY MAINTENANCE ON CALL WILL BE NOTIFIED.	
{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. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings are not kept clean and in good repair. Findings on February 27, 2025: b. Shower off bedroom - the ceiling finish is cracking and bubbling.	{C 164}		
{C 18	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	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Signature McCullough — 4-30-25

STATE FORM 6899 — 8GHC23 — If continuation sheet 1 of 2

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	HAL046006	A. BUILDING: 01 - MAIN B. WING	R 02/27/2025

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{C 189}	Continued From page 1 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: 4. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Open vents in exterior walls allows for pests to enter the facility. Findings on February 27, 2025: a. The exterior cap for the dryer duct at the Laundry Room Building has fallen off leaving an opening for pests to enter. Interview with staff revealed that the caps had been installed but fell off during the storm.	{C 189}	MAINTENANCE SCREWED A VENT ONTO WALL TO PREVENT PESTS FROM ENTERING. FACILITY MONITORING SAME	

Virginia McCullough 4-30-25