

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BOGER CITY REST HOME

**1428 LITTLE VALLEY LANE
LINCOLNTON, NC 28092**

(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 Suzanna Fay conducted on March 17, 2022. This facility was licensed as a Home for the Aged on April 27, 1988 and is currently licensed for 52 Beds. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina Building Code-Section 409-Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required. Note: A Certificate of Occupancy / Certificate of Compliance was never obtained for the front lobby addition. This area continues to not be approved for occupancy until a Certificate of Occupancy / Certificate of Compliance can be obtained from the Lincoln County Building Inspection Department.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and	C 101	Existing Licensed Fac-No less than '71 Rules SECTION .0300- PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where on addition of renovation has been made, be less than those requirements found in the 1971 Minimum and Desired Standards and	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Casandra Nigh

Admin

5/12/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the cross corridor doors at room 20 were not designed and installed with all of the fire protection features that the NC State Building Code requires of doors in a 'Fire Wall'. This could affect all of the residents if the wall failed to contain fire and smoke in the fire compartment of origin for less than the required amount of time. Findings on March 17, 2022: a. The wall where there are cross corridor doors at room 20 appears to be a 'Fire Wall' based on the facts that the wall is of masonry that extends 3 feet beyond the walls and roof line (parapet.) The cross corridor doors at room 20 are not equipped with latching hardware. This is not in accordance with 1978 NCSBC Section 1116.9(c) requiring fire doors to be equipped with positive latching. b. The wall where there are cross corridor doors at the end of Hall Three appears to be a 'Fire Wall' based on the facts that the wall is of masonry that extends 3 feet beyond the walls and roof line (parapet.) The cross corridor doors at Hall Three are not equipped with latching hardware. This is not in accordance with 1978 NCSBC Section 1116.9(c) requiring fire doors to be equipped with positive latching. 2. Observations revealed that the facility does not meet the Fire Prevention Code requirements. The Current (2018) Fire Prevention Code requires new and existing facilities shall be provided with approved address identification.	C 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm" copies of which are available at the Division of Health Service Regulation at no cost. a. The cross corridor doors at room 20 have been equipped with positive latching hardware b. The cross corridor doors at Hall Three have been equipped with positive latching hardware	5/12/2022 5/12/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/17/2022	
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092			
(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)		
C 101	Continued From page 2 The address shall be legible and placed so that it is visible from the street or road fronting the property. Findings on March 17, 2022: a. The street number address was not visible from the street. Interview with staff revealed that a sign with the address had fallen over and had not been replaced.			C 101			
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 walls, ceilings, and floors were not kept clean and in good repair. Findings on March 17, 2022: a. Hall Two Women's Community Bath - the wall to the right of the toilet is chipped and flaking. The tile base are pulling away from the wall and the walls are stained. b. Hall Two Women's Community Bath - the tile in the shower has black mildew stains in the grout and rust stains running down the tile from the shower accessories. c. Hall Two Men's Community Bath - the walls around the toilet are stained and the paint has			C 164	(a) Maintenance will coordinate with the ED and owner to replace/repair chip tile and remove stains from walls (b) Maintenance will coordinate with ED and owner to have mildew & rust stains removed from tile from shower accessories. (c) Maintenance will coordinate with ED and owner to have tile around toilet in the mens restroom repaired. The privacy curtains have been fixed. Maintenance have cleaned grout in shower (d) repaired (e) repaired (f) repaired		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 3 worn off behind the toilet tank. A section of the tile base has fallen off at the back corner of the toilet stall. The privacy curtains are dangling by one hook. The grout in the shower unit is stained black and the shower floor tile has dark orange stains around the perimeter. d. Room 23 Bath - the ceiling finish is falling off around the exhaust fan. e. Room 22 - the VCT is cracking in a line across the width of the room. The tile is chipping in a couple of places along the crack. f. Room 22 - the sheetrock is damaged along the bottom of the corner wall.	C 164		
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. Observations revealed that the home was not free of all obstructions and hazards. Doors that lock from the outside allow for a resident, staff or family member to become trapped during a fire or other emergency. Findings on March 17, 2022: a. Room 16 - the door hardware was reversed so that the locking hardware was on the corridor side which could allow the resident to become locked in his room during a fire or other emergency.	C 166	(a) corrected (b) correcte	3/18/2

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on March 17, 2022: a. There was a pattern of exit lights not illuminating on test. Interview with staff revealed that they had installed a generator with an automatic transfer switch. After further review, it was determined that the generator does not meet the requirements for an emergency generator. Therefore, the emergency lighting must be maintained in working order. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on March 17, 2022: a. The right leaf of the cross corridor doors on Hall Three did not close when the fire alarm was activated. 4. Based on observation there is a failure to maintain plumbing devices and equipment in a safe manner or in operating condition. Failure to maintain or install plumbing devices and equipment in a safe manner or in operating condition could effect occupants of the facility if the plumbing system does not operate as required. Findings on March 17, 2022: a. Women's Community Bath Hall Two - the controls on the shower have broken off leaving the shower inoperable.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 b. Room 23 Bath - the lid for the toilet tank is missing. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain the sprinkler system accelerator may delay the system's ability to put out a fire in a timely manner. Findings on March 17, 2022: a. Riser Room - the accelerator has been turned off. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 17, 2022: a. Room 22 - the latch plate was taped over so that the door did not latch when closed. The tape was removed at the time of survey. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Unlit areas may not provide adequate lighting for a safe exit from the building. Findings on March 17, 2022: a. All of the exterior light bulbs around the main entrance had been removed and not been replaced.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT	C 195		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 195	Continued From page 7 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 degrees F and 116 degrees F. Findings on March 17, 2022: a. Hall Two Women's Community Bath - the water temperature taken at the sink was 120 degrees F.	C 195	Boger City Rest Home adjusted water temps in order to meet requirements. Weekly water temp checks will be checked by maintenance for three weeks and monitored by ED then monthly.	3/21/22
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;	C 199	.300 10A NCAC 13F. 311 Boger City Rest Home will inspect all ventilation fans and ensure they are proper and in good working condition. 199 (a) repaired (b) repaired (c) repaired (d) repaired (e) repaired	4/29/22 4/1/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(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 8 (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on March 17, 2022: a. Guest Bathrooms - the fans are not working. b. Laundry - the fan is not working. c. Soiled Linen - the fan is not working. d. Staff Toilet - the fan is not working. e. Hall Three Community Bath - the exhaust fan appears to be running but it is not pulling enough air to hold a thin sheet of plastic.	C 199		