

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER JEFFERSON CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 111 STALEY BOSWELL ROAD YANCEYVILLE, NC 27379			
(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 Biennial Construction Survey by Frank Strickland on 10/20/2016: This facility was licensed on 12/01/1985 for licensure as a Home for the Aged, serving TWELVE CLIENTS on December 1, 1985. Therefore, this facility must meet the 1984 and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code with 1984 revision section 409.1(c) Institutional (I) Occupancy- Unrestrained. Deficiencies have been cited and a Plan of Correction is required.	C 000			
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the facility and the grounds in a safe manner. This could affect the residents while walking the grounds. Findings on 10/20/2016: The following items present a hazard to residents and staff: (a) There are old bed mattresses at the back of the facility at the dumpster that need to be removed.	C 160	a. mattress will be removed		1-31-17

Division of Health Service Regulation

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

lawanda ray

TITLE

Owner

(X6) DATE

12/20/2016

STATE FORM

6000

9UBJ21

If continuation sheet 1 of 5

I was not in control of finances and was unable to have items fixed. I am now in control of the funds and these items will be fixed. This situation was d/t my mothers death and her will. Please give me until the 31st of January to get everything completed.

if continuation sheet 2 of 5

Division of Health Service Regulation
STATE FORM

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C 199	Continued From page 3 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, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 10/20/2016: The following rooms and spaces do not have mechanical ventilation to remove odors: (a) Laundry Room (b) Janitor's Room (c) Men's Bathroom accross the Hall from Staff Quarters (d) Bathroom #2	C 199			
C 200	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an	C 200	a-d. will be added	1-31-17	

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C 200	Continued From page 4 electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 observations, this has failed to maintain the electrical call system for each resident bedroom. This conditon could cause harm to a resident in the event of assistance. Findings on 10/20/2016: The installed electrically operated call system failed to operate in each Resident Bedroom when tested.	C 200	1. call system will be fixed.	1-31-17	