

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2014
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NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 101 COUNTRY TIME LANE LEICESTER, NC 28748
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(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	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on December 30, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on march 29, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 115	<p>Construction-Consult Local BI for Permits</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.</p> <p>This Rule is not met as evidenced by: On the rear of the facility an outside utility building has been converted into an assembly hall. The building is being heated with 3 kerosene heaters</p>	C 115		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 115	Continued From page 1 and 5 gallons of kerosene was being stored in the building. The building has no smoke detectors or fire extinguishers. Also several dropcords were observed in the facility to power lights and the sound system. The utility building is less than 8 feet from the facility. The entry ramps into the building do not meet family care home rules or the North Carolina State Building Code. Cease using the building immediately and consult with the local building official, the local fire official and the DHSR Construction section to determine what changes and improvements will be required to use the building as an assembly hall. Obtain all necessary permits and submit copies of all permits, approvals, invoices, and any other supporting documentation to the DHSR Construction Section.	C 115		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The fire alarm pull station near the front door was missing the tamper bulb. Have a qualified individual replace the missing tamper bulb. 2. The hall emergency light has a weak battery. Have a qualified individual repair or replace the emergency light battery.	C 174		