

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/04/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN YEARS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 921 SURRY DRIVE SHELBY, NC 28151
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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}	Initial Comments Report by Glenn Hoppin A Complaint Follow-up Survey was conducted on March 04, 2015 starting at 12:00PM and ending at 2:00PM. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies that were observed are as follows:	{C 000}		
{C 134}	Bathroom-Location, Entrance Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (c) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom. (d) The required residents' bathrooms shall be located so that there is no more than 40 feet from any residents' bedroom door to a resident use bathroom door. This Rule is not met as evidenced by: The main resident bathroom is unusable due to extensive water damage to the floor. The only other resident bathroom available is in a client bedroom. During the May 16, 2014 biennial survey it was noted that the shower in the client bedroom is not constructed of a suitable material for a shower floor (plywood). Therefore there is no usable bathroom for residents in the facility. Remove all residents until repairs can be made to both bathrooms. Obtain all required permits to make necessary repairs. Submit copies of all permits and approvals to the DHSR Construction section. 03/04/2015 Repairs have been made to the main resident	{C 134}		

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

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{C 134}	Continued From page 1 bathroom however, the repair to the sub flooring did not include all the rotting sub flooring under the bathtub. The bathtub has been reinforced with wood but it is not an acceptable repair. Have a qualified individual remove and replace all rotted and water damaged wood under the bathtub and anywhere in the main bathroom. Obtain all required permits and inspections and submit copies of all documentation concerning this repair to the DHSR Construction Section. The master bathroom shower floor has been lined with a waterproof epoxy paint. Have the local building official inspect and approve this repair. Submit copies of all inspections and approvals to the DHSR Construction Section.	{C 134}		
{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: 5. There are unsafe electrical conditions in the crawl space and the attic. There are live open electrical connections and several open junction boxes. There are also electrical boxes overloaded with too many wires for the size of the electrical box. Hire a licensed electrician to correct all these unsafe conditions. Pull all required permits and submit copies of all permits and approvals to the DHSR Construction section.	{C 174}		

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{C 174}	Continued From page 2 03/04/2015 The above listed deficiency still remains.	{C 174}		