

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL008001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>812 CHARLES TAYLOR ROAD AULANDER, NC 27805</b>
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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 Rick Benton</p> <p>DHSR Construction Section conducted a Biennial Survey on March 4, 2015. The survey began at 12:45pm and concluded at 1:45pm. DHSR records indicate the home was first licensed on 12/09/1980 as a Family Care home for five (5) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). After 04/01/1984 the home was granted a capacity increase from five to six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following; 1984 "Family Care Homes Minimum Standards and Regulations", the applicable portions of the 2005 "Rules for Family Care Homes", and the 1978 Edition of the North Carolina State Building Code (Revision 5) - Section 409.1(g) - Residential Care Homes.</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 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p>	C 174		

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

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C 174	<p>Continued From page 1</p> <p>1) In the three bed resident bedroom, the windows are in need or serious repair or replacement. The windows did not stay in the up position when opened. Contact a qualified technician to make the necessary repairs to the windows or have the windows replaced. Provide documentation to our office when completed.</p> <p>2) A review of the water heater revealed water ponding on the top at the water supply lines entering into the tank. Contact a qualified technician to make the necessary adjustments. Provide documentation to our office when completed.</p> <p>3) The light fixture in the residents' bathroom did not have a globe. Contact a qualified technician to install a globe on the fixture. Provide documentation to our office when completed.</p> <p>4) In the kitchen, several sections of the textured ceiling are peeling away from the sheetrock. Contact a qualified technician to make the necessary repairs to the ceiling and repaint to match the existing. Provide documentation to our office when completed.</p> <p>5) On the rear of the home, there are sections of the fascia board and sections of the soffit that are deteriorating. Contact a qualified technician to make the necessary repairs to the fascia and the soffit. Provide documentation to our office when completed.</p> <p>6) There is a cracked window pane in bedroom 6. Contact a qualified technician to make the necessary repairs to the window pane. Provide documentation to our office when completed.</p> <p>7) There is a damaged shutter on the right side</p>	C 174		

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C 174	Continued From page 2  on the home. Contact a qualified technician to replace the shutter. Provide documentation to our office when completed.	C 174		