

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2015
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NAME OF PROVIDER OR SUPPLIER PATHWAYS III	STREET ADDRESS, CITY, STATE, ZIP CODE 1215 CHARLES TAYLOR ROAD AULANDER, NC 27805
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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 1:45pm and concluded at 2:45pm. DHSR records indicate the home was first licensed on November 21, 2006 as a Family Care home for four (4) 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: the 2005 "Rules 10A NCAC 13G for Family Care Homes", and the 2002 Edition of the North Carolina State Building Code - Section 421.2 - 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 (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.</p> <p>This Rule is not met as evidenced by: 1) The housing for the GFCI electrical outlet in the kitchen to the right of the stove is damaged. Contact a qualified technician to make the necessary repairs. Provide documentation to our office when completed.</p>	C 174		

Division of Health Service Regulation
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>2) The GFCI electrical outlet in the main hallway bathroom could not be reset after testing. Contact a qualified technician to make the necessary repairs. Provide documentation to our office when completed.</p> <p>3) The GFCI electrical outlet in the far bedroom bedside the family room was painted over and could not be tested. Contact a qualified technician to make the necessary repairs. Provide documentation to our office when completed.</p> <p>4) In the left rear bedroom, there is a non-functioning smoke detector hanging from the ceiling. Contact a qualified technician to remove the detector from the ceiling.</p> <p>5) The crawl space on the rear of the home does not have a door installed. Contact a qualified technician to build and install a door to deter rodents and other infestation from entering into the space. Provide documentation to our office when completed.</p> <p>6) There are missing pickets on the rear ramp. Contact a qualified technician to make the necessary repairs to the ramp. Provide documentation to our office when completed.</p> <p>7) On the front 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>	C 174		