

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 R-C 03/25/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 101 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 25, 2015 starting at 10:00 AM and ending at 10:15AM. 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)		CONSTRUCTION SECTION MAY 06 2015 RECEIVED
(C 161)	Housekeeping-Land Line Phone SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (12) have at least one telephone that does not depend on electricity or cellular service to operate. (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) At the time of survey it was observed that there is no landline phone in the facility. Install a landline phone in the facility that does not depend on electrical or cellular service to operate. 03/25/2015- GH - This Deficiency remains, install a landline phone in the facility that does not depend on electrical or cellular service to operate, once completed provide verification to our office.	(C 161)	Evergreen Living Home Inc Administrator contacted A+R on date 4/9/15 to set up a telephone in each building that does not depend on electricity or cellular service to operate The installation were completed 4/16/15	4/16/15
(C 170)	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	(C 170)		

Division of Health Service Regulation

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



TITLE

Administrator

(X6) DATE

5/5/15

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 R-C 03/25/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 101 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 170}	<p>Continued From page 1</p> <p>DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.</p> <p>This Rule is not met as evidenced by: A joint fire drill was conducted with the Buncombe County Fire Marshals office, DSS, and the DHSR Construction Section. The live drill was conducted by the staff and 911 was called as part of the drill.</p> <p>The following conditions were observed</p> <ol style="list-style-type: none"> 1.) During the drill the 911 dispatcher was unable to understand the staff member calling, because the staff member speaks only Korean. 2.) When the power was turned of to the facility the smoke detectors, the phones, and the wander alarm did not function. <p>Based on these facts the Buncombe County fire Marshall is requiring an addressable monitored fire alarm system that will tell emergency responders what the emergency is and where to respond. Obtain bids for a monitored addressable fire alarm system and provide the Buncombe County Fire Marshals office and the DHSR Construction section with a set of installation drawings for approval before installing the system. Provide the DHSR Construction section with copies of all permits, plans, invoices, and any other supporting documentation when the system is complete. Contact the Fire Marshals office and the DHSR Construction section for final approval after installation.</p> <p>03/25/2015 GH A joint meeting was called by the Buncombe County Fire Marshals office after it</p>	{C 170}	<p>SIC in each building facility will be trained on fire emergency procedure including effective communication to all dispatchers Training on Jan. Feb. Apr. 4/12/15</p>	

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 R-C 03/25/2015	
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 101 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 170)	Continued From page 2 was discovered that a residential fire alarm system was installed without DHSR Construction or the Fire Marshals approval. Based on this fact a suspension of admissions has been issued for this facility until all deficiencies are corrected. Provide the Buncombe County Fire Marshals office and the DHSR Construction section with a set of installation drawings for a monitored addressable fire alarm system for review.	(C 170)	evergreen living Home inc Administrator hired a fire alarm company (Tyco) to install an appropriate fire alarm system in each facilities. The plan were approved by the fire marshal & DHSR Construction section installation will start soon.	5/4/15