

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2015
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NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 7	STREET ADDRESS, CITY, STATE, ZIP CODE 15 TORE DRIVE BREVARD, NC 28712
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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 April 30, 2015 from 2:30pm to 3:30pm at the above referenced facility. DHSR records indicate the home was first licensed on June 04, 2009 as a Family Care Home for six Residents 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 North Carolina State Building Code - Building Code - Section 421.4 Small Non Ambulatory 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 105	<p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of</p>	C 105		

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

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NAME OF PROVIDER OR SUPPLIER TORE'S HOME # 7	STREET ADDRESS, CITY, STATE, ZIP CODE 15 TORE DRIVE BREVARD, NC 28712
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C 105	<p>Continued From page 1</p> <p>Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: 1.) At the time of our visit it was observed that the home has implemented Special Locking, (magnetic locks) as allowed by Section 407.9 of the 2006 NC State Building Code. In review of our records we could not find verification that this project was reviewed and approved by our office also nothing was found from the local officials either that would support the installation or use of this system therefore we are requesting the following:</p> <p>(a) any documentaion you may have that we (DHSR Construction Section) reviewed and approved this system installation as well as approvals from your Local Building and Fire Official for the Special Locking System.</p> <p>(b) If no documentation is available You must submit to our office engineering drawings on the magnetic lock system that is being used to secure the facility. These drawings must contain the design and function of the magnetic lock system, including how it is tied into the fire alarm system, it must be in accordance with NCSBC, Section 407.9, Special Locking Arrangements for Licensed Group I-2 and Residential Care Facilities. These drawings must be provided and stamped by an engineer registered with the State of North Carolina. Contact your local Building Inspection Department and pull any necessary</p>	C 105		

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C 105	Continued From page 2 permits as required and provide to us verification of their approval of the system. Please note that in 2009 Section 407.9 was changed to only allow Group I-2 and Large Residential Care Facilities as deccribed in Section 421.5 (now Section 425.5 of the 2012 N.C.S.B.C.) If the local officials and our office determine to review you under the current code requirements (Section 407.11, 2012 N.C.S.B.C.) the Special Locking System will have to be disengaged and removed.	C 105		
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. In bedroom 3 the sprinkler escutcheon is hanging out of the ceiling. Have a qualified technician adjust the sprinkler escutcheon so that it is flush with the ceiling. Provide the DHSR Construction section with documentation that shows this repair has been completed. 2. In the living room the linoleum floor is torn. Have a qualified technician repair or replace the torn floor. Provide the DHSR Construction section with documentation the shows this repair is complete.	C 174		

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C 174	Continued From page 3 3. The bathroom ventilation duct from bathroom 3 is disconnected at the exhaust in the attic. Have a qualified technician repair or replace the ventilation duct. Provide the DHSR Construction section with documentation showing that this repair is complete.	C 174		