

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL026049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLENN KRYSTLE'S MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 DAVIS STREET FAYETTEVILLE, NC 28305</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 of Biennial Construction Survey by Frank Strickland on 06/03/2015:</p> <p>Records indicate that this facility was first submitted on 08/03/1992 as a Family Care Home. The facility is licensed for a capacity of six (6) ambulatory residents (able to evacuate without physical or verbal assistance during an emergency). Based on this information, the facility is required to meet the 1991 " rules for family care homes minimum, desired standards regulations ", the applicable portions of the 2005 " regulations for family care homes " ., and the 1991 Edition of the North Carolina State Building Code Section 514.1-Residential Care Facility.</p> <p>There were deficiencies cited at the time of this survey and a Plan of Correction is required.</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: 1-Based on observation, the facility has not maintained exterior Bathroom windows. This has effected the residents since the windows do not fully open for ventilation.</p> <p>Findings on 06/03/2015 All of the Bathroom exterior windows do not open</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>for ventilation due to over painting and clogging the sash side guides..</p> <p>2-Based on observation, the facility has not maintained the exterior windows located in the Staff Bedroom. The windows do operate and are damaged.</p> <p>Findings on 06/03/2015 The side exterior window is painted shut and the bottom window sash have a broken glass pane.</p> <p>3-Based on observation, the facility has not maintained the closet door hardware and installing additional locking hardware. This could effect the safety of all residents by not preventing one resident from locking another resident in a closet.</p> <p>Findings on 06/03/2015 The Female Resident Bedroom closet has a hook &amp; eye latch on the clothes closet door because the door hardware does not latch.</p> <p>4-Based on observation, the facility has not maintained the main entry door ramp surface to prevent an individual from slipping. This will effect all residents and staff when using the ramp when the surface is wet.</p> <p>Findings on 06/03/2015 The slip resistance coating on the ramp surface is worn out and the surface is very slippery when wet.</p> <p>5-Based on observation, there have been new electrical wall switches installed in the plaster wall construction that has left 1/2" openings around the new electrical work. This may effect all residents and staff by allowing elements into the</p>	C 174		

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C 174	Continued From page 2  facility that may compromise the interior environment.  Findings on 06/03/2015 The new wall switch boxes that were recently installed in all the interior walls have rough openings that are excessive and are open to the adjacent stud cavities. The cover plates do not cover the gaps between the wall construction and the new electrical boxes.	C 174		