

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL052005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE CREEK FAMILY CARE ESTATES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1474 SMALLTOWN ROAD PINK HILL, NC 28572</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>This report is of a biennial construction survey done by Bob Getchell on May 28, 2015.</p> <p>This facility was first licensed as an Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on June 08, 2006. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>Deficiencies were noted which will require a new plan of correction</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> <p>1. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely and latch in order to contain smoke and fire. This could affect all residents by not containing smoke or fire in the fire compartment or room of origin.</p> <p>Findings include: The following doors have issues: a) Back left</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>bedroom door won't close and latch, b) Back Exit door scrubs frame. c) Front door knob is loose, d) Right middle bedroom closet door has no door knob.</p> <p>2. Based on observation, the building plumbing fixtures were not maintained in a safe manner because a toilet is coming loose from the floor. This would affect all residents using the hall toilet by exposing them to leaks from a broken wax seal.</p> <p>Findings include: The bathroom at the Living Room has the following issues: a) A toilet coming loose from the floor. b) The towel bar is missing</p>	C 174		