

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
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NAME OF PROVIDER OR SUPPLIER WALDEN POND CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 101 OLDE COACH LANE CHERRYVILLE, NC 28021
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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 06/10/2015:</p> <p>This facility was first submitted on 11/04/1987 as a Family Care Home. This 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, this facility is required to meet the 1984 " rules for family care homes minimum, desired standards regulations " , the applicable portions of the 2005 " regulations for family care homes " ., and the 1978 Edition of the North Carolina State Building Code Section 409.1(G). 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 the service of the kitchen range/stove exhaust hood in a safe manner. This will effect all residents and staff while preparing cooking on the range/stove.</p> <p>Findings on 05/05/2015</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>The kitchen range exhaust hood filter has excessive grease build-up.</p> <p>2-Based on observation, the facility has not maintained the handrails at the entry doors in a safe manner. This will effect all residents and staff when entering the facility.</p> <p>Findings on 05/05/2015 The step handrail that is located in the carport that leads into the facility has excessive lateral motion..</p>	C 174		