

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2015
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NAME OF PROVIDER OR SUPPLIER
GLEN ALPINE FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**405 LINVILLE STREET
GLEN ALPINE, NC 28628**

(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 a Biennial Construction Survey by Frank Strickland on 05/05/2015:</p> <p>Based on information gathered from DHSR database, this facility was either first licensed or submitted for licensure on 12/06/1980 as a Family Care Home. The facility submitted for increase of capacity on January 1, 1984 and is currently licensed for six (6) all ambulatory residents. Therefore this facility was surveyed for conformance with the 1977 "Rules for Family Care Homes-Minimum Standards and Regulations", applicable portions of the 2005 Licensure Rules 10A NCAC 13G for Family Care Homes, and the 1978 North Carolina State Building Code, Section 409.1(g). Family Care Facility.</p> <p>Deficiencies were cited during this survey. Therefore, a Plan of Correction is required.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>JUN 25 2015</p> <p>RECEIVED</p>	
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 entry door and exterior window of the basement. This could effect all residents and staff by allowing vermin into the facility.</p>	C 174		<p>Missing window in basement will be covered or replaced by 8-31-15</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Dana M Taylor 6-20-15

TITLE
Admin/Owner

(X6) DATE

STATE FORM 6490 6UWT21 If continuation sheet 1 of 2

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C 174	<p>Continued From page 1</p> <p>Findings on 05/05/2015 The basement entry doors and frame has deteriorated and are no longer useable. Also, the basement window has a glass pane missing.</p> <p>2-Based on observation, the facility has not maintained the plumbing in the facility. This will effect all residents and staff.</p> <p>Findings on 05/06/2015 There is a plumbing leak coming from water supply side of the tub/shower between Bedrooms 2 & 3 that has damaged the wood floor framing around the tub above and developed odor in the Basement.</p> <p>3-Based on observation, the facility has not maintained the service of the laundry equipment in a safe manner. This will effect all residents and staff during laundry operations.</p> <p>Findings on 04/23/2015 The dryer is venting into the crawl space and not to the exterior.</p>	C 174	<p>Door framing will be replaced by 8-31-15</p> <p>All leaking pipes will be repaired or replaced by 8-31-15 to insure all plumbing is up to date</p> <p>Dryer vent has been repaired as of 6-10-15</p>	