Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL012026 | | 05/05/2015 |

NAME OF PROVIDER OR SUPPLIER: COUNTRY PINES FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 3053 ROB CARSWELL STREET, MORGANTON, NC 28655

| (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 | Initial Comments<br><br>Report of Biennial Construction Survey by Frank Strickland on 05/05/2015:<br><br>Information obtain from the DHSR database indicates that this home was eidther first licensed or submitted for licensure on 02/01/1989 as a 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). Based on this we are requiring the home to be in compliance with the following: the 1987 Minimum Standards and Regulations for Family Care Homes, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 North Carolina State Building Code; Section 409.1(g). Family Care Facility.<br><br>Deficiencies have been cited and a Plan of Correction is required. | C 000 | CONSTRUCTION SECTION<br>JUN 01 2015<br>RECEIVED<br><br>Electrician is scheduled for the week of 7/20/15. All Repairs & updates will be complete by the week of 7/20/15. I will provide photos of cited areas as updates are completed. | |
| C 174 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, the facility has not maintained the operation of the interior doors. This will effect all residents and staff when in rooms that require privacy. | C 174 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Scott Patterson
TITLE: Administrator
(X6) DATE: 06/28/15

STATE FORM 6899 U4UV21 If continuation sheet: 1 of 2

Division of Health Service Regulation

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|---|---|---|---|---|
| C 174 | Continued From page 1 | C 174 | | |
| | Findings on 04/23/2015<br>The Bathroom door adjacent to Room 2 does not latch. | | will Replace & update door knobs on Both Bath doors. | |
| | 2-Based on observation, the facility has not maintained the service of all electrical outlets and switches in a safe condition. This condition can effect all residents and staff when turning on and off electrical devices. | | | |
| | Findings on 04/23/2015<br>The light switch cover is broken in the Bathroom adjacent to Room 2. | | will Replace/update Light switch in BATHROOM And Also ✓ other switches in facility | |
| | 3-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. | | | |
| | Findings on 05/05/2015<br>The kitchen range exhaust hood filter has excessive grease build-up. | | will Replace/update with A new Range. | |