

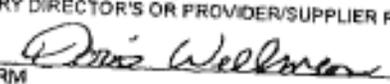
PRINTED: 07/27/2015  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL059028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/24/2015
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NAME OF PROVIDER OR SUPPLIER  WINTERGREEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 323 FLEMING AVENUE MARION, NC 28752
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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 06/24/2015:</p> <p>This home was first licensed on 10/07/1998 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 1992 Family Care Home Rules, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 edition of the North Carolina State Building Code; Section 514.1 Exception #1 Residential Care Facilities.</p> <p>Deficiencies were cited and a Plan of Correction is required.</p>	C 000	<p style="text-align: center;">CONSTRUCTION SECTION AUG 11 2015 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 mechanical ventilation in the Bathrooms in an operating condition. This will effect all residents and staff during use of the facilities.</p> <p>Findings on 06/24/2015 The mechanical ventilation fan located in the</p>	C 174		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 08/07/15
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