

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
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NAME OF PROVIDER OR SUPPLIER MERCY'S SUPPORTIVE LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856
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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 by Rick Benton</p> <p>DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 9:30am to 10:45am at the above referenced facility. DHSR records indicate the home was first licensed on December 18, 2014 as a Family Care Home for four (4) Residents (able to evacuate and respond without 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</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) During the survey of the attic, the following deficiencies were observed: a) There was a significant water leak around the rafters and sheathing located at dormer 1 which also has a significant amount a mold growing and spreading on the sheathing.</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>b) There was a water leak in the early stages on the sheathing at dormer 2.</p> <p>c) There was a significant water leak around the rafters and sheathing located at dormer 3 which also has a significant amount a mold growing and spreading on the sheathing.</p> <p>d) There was a section of the attic floor under dormer 1 was damaged due to excessive leaking from around the dormer.</p> <p>e) There was a section of the attic floor under dormer 1 was damaged due to excessive leaking from around the dormer.</p> <p>f) There was a section of the attic floor under dormer 2 was damaged due to excessive leaking from around the dormer.</p> <p>Contact a qualified technician to make the necessary repairs to the damaged sections of dormer sheathing and to the damaged sections of the floor. Provide to our office all supporting documents that will verify the completed work.</p> <p>2) During the survey of the hallway, the following deficiency was observed:</p> <p>a) The hallway return grill and the filter was extremely dirty. Arrange for someone to clean the clean the grill and install a new filter. Provide to our office all supporting documents that will verify the completed work.</p> <p>3) During the survey of the master bathroom, the following deficiencies were observed:</p> <p>a) The fill valve of the toilet was damaged. The fresh water supply had to be turned off after each use to reduce the possibility that the fill valve would continue to run and not properly fill the water tank.</p> <p>b) Above the toilet to the left, there is a slight puncture in the wall.</p> <p>c) The escutcheon ring around the shower arm is</p>	C 174		

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C 174	<p>Continued From page 2</p> <p>not secured to the wall. Contact a qualified technician to make the necessary repairs to the toilet, the shower and to repair the damaged wall. Provide to our office all supporting documents that will verify the completed work.</p> <p>4) During the survey of bedroom 2, the following deficiency was observed: a) The TV and several other electrical components were connect to an extension cord. Arrange for someone to remove the extension cord and replace with a circuit breaker type extension cord. Provide to our office all supporting documents that will verify the completed work.</p>	C 174		