

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER THE HAVEN AT ROLESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 129 NORTWICK ROAD ROLESVILLE, NC 27571
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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 5, 2016 from 11:00am to 12:15pm at the above referenced facility. DHSR records indicate the home was first licensed on March 5, 2015 as a Family Care Home for six (6) non ambulatory Residents (not 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 425.4 - Small Non -Ambulatory Care facilities.</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 (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. (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 Kitchen, the following deficiencies were observed: a) The kitchen range hood filters are extremely greasy. Arrange for someone to remove the remove the filters and replace with new ones. Provide to our</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>office a copy of the purchase receipt for verification the completed work.</p> <p>2) During the survey of the back porch, the following deficiencies were observed: a) The handrail between the two doors was loose. Contact a qualified technician to make the necessary repairs to the handrail. Provide to our office all supporting documents that will verify the completed work.</p> <p>3) During the survey of the sprinkler system, the following deficiencies were observed: a) The sprinkler system had not had an annual inspection since November 21, 2014. DHSR-Construction was informed that the inspector was scheduled to come after our survey of the home. Provide to our office a copy of the inspection report from the technician for verification of the inspection.</p>	C 174		