

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER TENDER TOUCH FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 ANN AVENUE RALEIGH NC 27610 RALEIGH, NC 27609
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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 1:00 pm until 2:15 pm at the above referenced facility. DHSR records indicate the home was first licensed on May 7, 2012 as a Family Care Home for four (4) 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - 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, the following deficiencies were observed in the main hallway bathroom: a) The carpet at the entrance to the bathroom was not secured resulting in a trip hazard. b) The handgrip beside the toilet was not fastened securely to the wall.</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>Contact a qualified technician to make the necessary repairs. Provide to our office a picture of the all repairs and a copy of the receipt from the technician for verification of the completed work.</p> <p>2) During the survey, the following deficiencies were observed in both bedrooms on the left side of the home:</p> <ul style="list-style-type: none"> a) The front bedroom door knob appeared to be damaged. b) The front bedroom door appeared to be difficult for the resident to open. c) The rear bedroom door knob appeared to be damaged. d) The rear bedroom door frame was lightly damaged resulting in the door not closing securely. <p>Contact a qualified technician to make the necessary repairs. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>3) During the survey, the following deficiency was observed on the rear deck:</p> <ul style="list-style-type: none"> a) The rear deck had an abundance of leaves which had gathered in the left corner and were scattered out along the deck. Arrange for someone to clean the deck. Provide to our office a picture of the cleaned deck for verification of the completed work. 	C 174		