

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL002006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SARAH'S HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 COLLEGE ROAD EXTENSION TAYLORSVILLE, NC 28681</b>
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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 Paul Dixon and Randy Julian</p> <p>DHSR Construction Section conducted a Biennial Survey on April 8, 2016 from 8:50 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 8, 2007 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 information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2002 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 (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) Observation during the survey revealed a missing globe and bulb in bedroom #5. Arranged to install bulb and globe in bedroom #5. Provide documentation to this office by the form of photographs when complete.</p>	C 174		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 174	Continued From page 1  2) Observations revealed the fan was dirty and clogged in the bathroom off of foyer. Arrange to clean bathroom exhaust fan and provide documentation to this office by form of photographs when complete.	C 174		