

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL045102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUNDVIEW FAMILY CARE HOME UNIT N</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15 EAST MONET COURT FLAT ROCK, NC 28731</b>
--	---

(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 Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on February 25, 2016 from 11:30am until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on October 09, 1998 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential 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</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: Observations revealed that the fire alarm was in an alarm condition when the survey was conducted. The kitchen pull station was open</p>	C 174		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL045102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUNDVIEW FAMILY CARE HOME UNIT N</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15 EAST MONET COURT FLAT ROCK, NC 28731</b>
--	---

(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 174	Continued From page 1  and the switch was activated. The fire alarm control panel was silenced but still in alarm. This means that the fire alarm system could not activate for another fire alarm and the facility was unprotected. It is unknown how long this condition existed. Have a qualified supervisor train every staff member on proper operation of the fire alarm system. Provide written documentation to the DHSR Construction Section showing the fire alarm system training. Provide written documentation to the DHSR Construction Section detailing how this situation will be prevented in the future.	C 174		
-------	--	-------	--	--