

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDTOWN SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220 DRESDEN LANE RALEIGH, NC 27612</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
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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 9:00am to 10:15am at the above referenced facility. DHSR records indicate the home was first licensed on March 24, 2015 as a Family Care Home for three (3) Non-ambulatory Residents (unable 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 Residential Building Code - Section R101.2.</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		

Division of Health Service Regulation  
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 community room, the following deficiencies were observed:</p> <p>a) There was what appeared to be a water leak on the right upper wall to the right of the center fireplace.</p> <p>Contact a qualified technician to make the necessary repairs to the roof area around the chimney and to treat the interior wall for stains. Provide to our office all supporting documents that will verify the completed work.</p>	C 174		