

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2016
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NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOMES - UNIT E	STREET ADDRESS, CITY, STATE, ZIP CODE 69 OXBOW LANE FLAT ROCK, NC 28731
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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 Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on February 25, 2016 from 10:00am until 11:30am at the above referenced facility. DHSR records indicate the home was first licensed on July 31, 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	<p><u>C174</u></p> <p>1. Gutter repaired. Maintenance staff reminded to schedule repairs timely. Semi-annual inspections will be completed on the exterior of the homes in April and October.</p>	4/16/16
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. Observations revealed that the gutter is leaking and needs repair. Have a qualified technician repair or replace the gutter. Provide photo</p>	C 174	<p>Repairs are to be completed within 30 days.</p> <p>2. Hand grips installed. Facility staff and maintenance staff educated that hand grips are required</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Justina J... ADMINISTRATOR TITLE
4/20/16 (X6) DATE
STATE FORM 6899 4VIX21 If continuation sheet 1 of 2

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C 174	<p>Continued From page 1</p> <p>documentation to the DHSR Construction Section when this is complete.</p> <p>2. Observations revealed that the handgrip in the woman's restroom is damaged. Have a qualified technician repair or replace the damaged handgrip. Provide copies of receipts and photo documentation when this item is complete.</p>	C 174	<p>at all commodes and to be secure in good repair.</p> <p>All staff to report maintenance within 24 hours.</p> <p>Repairs to handgrips to be completed within 48 hours.</p>	
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