

Division of Health Service Regulation

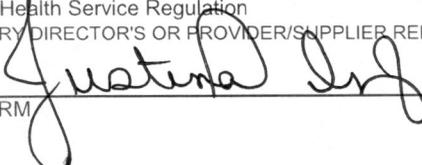
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2016
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NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOMES UNIT F	STREET ADDRESS, CITY, STATE, ZIP CODE 24 EAST MONET 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 24, 2016 from 8:30am until 10:00am at the above referenced facility. DHSR records indicate the home was first licensed on July 25, 1997 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. Fascia board repaired 5/1/16 and painted.</p> <p>Maintenance staff to complete repairs within 30 days of semi-annual inspections or notification of maintenance issue.</p> <p>Semi-annual inspections of exterior in April + October of each year.</p>	
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 fascia needs repair and painting. Have a qualified technician repair and paint the affected areas. Provide</p>	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/20/2016
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STATE FORM 6899 8Q3H21 If continuation sheet 1 of 2

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C 174	<p>Continued From page 1</p> <p>photo documentation to the DHSR Construction Section when this is complete.</p> <p>2. Observations revealed that the side exit door needs repair and painting. Have a qualified technician repair and paint the affected areas. Provide photo documentation to the DHSR Construction Section when this is complete.</p>	C 174	<p>2. Side exit door window ^{5/1/16} replaced.</p> <p>Semi-annual inspections of exterior of the homes in April / October of each year.</p> <p>Repairs to be completed within 30 days of inspection or notification of maintenance issue.</p>	
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