

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL071014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/23/2016
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NAME OF PROVIDER OR SUPPLIER GREEN ACRES FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 8461 PINEY WOODS ROAD WATHA, NC 28471
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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}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on June 23, 2016 from 8:27 AM to 8:56 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 120}	Location-Safe, Accessible SECTION .0300 - THE BUILDING 10A NCAC 13G .0303 LOCATION (c) The site of the home shall: (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access; (2) be accessible to fire fighting and other emergency services; (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction; (4) meet all local ordinances; and (5) be free from exposure to pollutants known to the applicant or licensee. This Rule is not met as evidenced by: 2. The physical address for the facility is listed as 8461 Piney Woods Road. The house number shown on the front corner of the facility is 8465. Numbers posted over the door show the facility address as 8461. Change the incorrect numbers to reflect the correct address. Provide documentation of the repairs in the form of photos or receipts. 06/23/16: SF-Interview with Staff revealed that	{C 120}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 120}	Continued From page 1 the correct physical address of the facility if 8465. The license information lists the address as 8461. The Provider stated that when she initially applied for the license, she believed the address to be 8461 and was later corrected by EMS. Provide evidence of the correct address in order to make the necessary changes.	{C 120}		
{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:</p> <p>6. Observations revealed that one the flaps at the exterior dryer exhaust had broken off. Have a qualified technician repair or replace the dryer cap. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>06/23/16: SF-Observations revealed that this item has not been corrected. It was also observed that the duct to the exhaust had fallen down into the crawl space and was no longer connected to the backflow preventor. Have a qualified technician replace the dryer exhaust cap and reconnect the duct. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>11. Observations revealed that the door hardware to Bedroom 3 was loose. Have a</p>	{C 174}		

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{C 174}	<p>Continued From page 2</p> <p>qualified technician repair the door hardware. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>06/23/16: SF-Observations revealed that the door hardware had been secured but there is a large opening around the door hardware. Caulk or seal the opening for privacy. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>16. Observations revealed that a section of the exterior soffit was damaged at the back of the facility outside of Bedroom 2. Have a qualified technician repair the soffit. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>06/23/16: SF-Observations revealed that this item has not been corrected. Have a qualified technician repair the soffit and trim. Provide documentation of the repairs in the form of photos, receipts or work orders.</p>	{C 174}		
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