

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2016
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 630 DILLINGHAM ROAD BARNARDSVILLE, NC 28709
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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}	<p>Initial Comments</p> <p>Report by Garrick Starck</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on August 31, 2016 from 9:00 AM to 10:00 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.</p> <p>The remaining deficiencies are as follows:</p> <p>C 174 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>3. Observations revealed that the range hood is rusted and the filter has a large gap allowing grease into the fan. Have a qualified technician repair or replace the hood. Provide copies of invoices and photo documentation to the DHSR Construction Section when this is complete.</p> <p>08/31/2016-GS- at the time of the follow-up survey it was observed that the deficiency had not been corrected.</p> <p>6. Observations revealed that the ceiling in the client bedroom at the end of the hall on the right is peeling at the edges and needs repair. Have a</p>	{C 000}		
		C 174		

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

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C 174	Continued From page 1 qualified technician repair the ceiling. Provide copies of invoices and photo documentation to the DHSR Construction Section. 08/31/2016-GS- at the time of the follow-up survey it was observed that the deficiency had not been corrected.	C 174		