Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092127	A. BUILDING: 01 B. WING _____	03/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN AT WATERFORD LANDING	1008 FLOWER ROUND COURT RALEIGH, NC 27610

(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 Tommy Clifton DHSR Construction Section conducted a Biennial Survey on March 20, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on January 12, 2007 as a Family Care Home for six Residents. On October 03, 2013 the home was re-classified under the building code to allow up to six Residents who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2012 North Carolina State Building Code - Building Code - Section 425.4 - Small non-ambulatory Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside	C 146	A handicap ramp on the rear exit will be installed.	07/31/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner — (X6) DATE: 05/07/2015

Division of Health Service Regulation

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C 146	Continued From page 1 entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: There is not a second handicap ramp for emergency egress from the home. Have a qualified person install a second handicap ramp from the home. Obtain any required building permits and send copies to our office.	C 146		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: After record review the facility could not produce records of the required fire drills. There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained at the home. Provide our office a copy of the fire drill reports.	C 172	Fire Drills have been reinstated. See report from first fire drill.	04/01/15
C 174	Building Equipment Maintained Safe, Operating 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	C 174		

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C 174	Continued From page 2 care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: (1) The kitchen side bathroom had open light sockets. Install bulbs in sockets to prevent any body from being shocked. Provide our office documentation when the bulbs are installed.	C 174	Light bulbs have been installed in all empty sockets	03/21/15
	(2) The outside dryer vent damper is damaged. Have a qualified person replace the damaged dryer vent. Provide our office a copy of the receipt when the work is completed.		Dryer vent damper will be repaired/ replaced	05/31/15
	(3) The soffit at the rear door is rotten. Have a qualified person replace and paint the rotten wood. Provide our office a copy of the receipt when the work is completed.		The soffit at the rear door will be replaced and painted.	07/31/15

The Haven
Family Care Homes

FIRE DRILL REHEARSAL REPORT

Date: 4/2/15 Time: 3:46 (AM / (PM))

Description of Fire Drill: A fire alarm was signaled. Residents were evacuated and met at mailbox. Non-ambulatory residents were evacuated via wheel chair.

Number of Residents Evacuated: 4 Length of Drill: 6 min 32sec

Date: _____ Time: _____ (AM / PM)

Description of Fire Drill: _____

Number of Residents Evacuated: _____ Length of Drill: _____

Date: _____ Time: _____ (AM / PM)

Description of Fire Drill: _____

Number of Residents Evacuated: _____ Length of Drill: _____