

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 103 COUNTRY TIME LANE LEICESTER, NC 28748
--	---

(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 Glenn Hoppin

DHSR Construction Section conducted a Complaint Survey on March 25 from 10:15 to 10:30 at the above referenced facility. DHSR records indicate the home was first licensed on July 22, 1996 as a Family Care Home for six Residents with no more than three 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities.

At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows:

C 161 Housekeeping-Land Line Phone

SECTION .0300 - THE BUILDING
10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

- (a) Each family care home shall:
(12) have at least one telephone that does not depend on electricity or cellular service to operate.
(e) This Rule shall apply to new and existing homes.

This Rule is not met as evidenced by:

- 1.) At the time of survey it was observed that

C 000

C 161

CONSTRUCTION SECTION
MAY 06 2015
RECEIVED

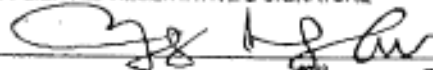
Evergreen Living Home Inc
Administrator contacted
Atst on date 4/9/15
to set up a telephone in
each building that does
not depend on electricity
on cellular service to
operate. The installation
were completed 4/16/15

4/16/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

5/5/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/25/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 103 COUNTRY TIME LANE LEICESTER, NC 28748			
(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 161	Continued From page 1 there is no landline phone in the facility. Install a landline phone in the facility that does not depend on electrical or cellular service to operate.	C 161			
C 170	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: A joint fire drill was conducted with the Buncombe County Fire Marshals office, DSS, and the DHSR Construction Section. The live drill was conducted by the staff and 911 was called as part of the drill. The following conditions were observed 1.) During the drill the 911 dispatcher was unable to understand the staff member calling, because the staff member speaks only Korean. 2.) When the power was turned of to the facility the smoke detectors, the phones, and the wander alarm did not function. Based on these facts the Buncombe County fire Marshall is requiring an addressable monitored fire alarm system that will tell emergency responders what the emergency is and where to respond. Obtain bids for a monitored addressable fire alarm system and provide the Buncombe County Fire Marshals office and the DHSR Construction section with a set of installation drawings for approval before installing the	C 170			

Slc in each Building facility will be trained on fire emergency procedure including effective communication to 911 dispatchers.

Training on Jan. Feb. Apr. 4/12/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/25/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 103 COUNTRY TIME LANE LEICESTER, NC 28748			
(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 170	Continued From page 2 system. Provide the DHSR Construction section with copies of all permits, plans, invoices, and any other supporting documentation when the system is complete. Contact the Fire Marshals office and the DHSR Construction section for final approval after installation.	C 170	Evergreen living Home inc Administrator hired a fire alarm company (Tyco) to install an appropriate fire alarm system in each facilities. The plan were approved by the fire Marshal & DHSR construction section installation will start soon.	5/4/15	