

PRINTED: 06/24/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER ST MARKS ROAD CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021		
(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 of Biennial Construction Survey by Frank Strickland on 06/10/2015: This home was licensed for licensure on 10/27/1997 as a Family Care Home for five (5) ambulatory Residents (able 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 Family Care Homes T10 42C, the applicable portion of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 Edition of the North Carolina State Building Code with 1997 revisions - Section 419.2 - Residential Care Homes. Deficiencies have been cited and a Plan of Correction is required.	C 000	CONSTRUCTION SECTION JUN 30 2015 RECEIVED	
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 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-Based on observation, the facility has not maintained the service of the kitchen range/stove exhaust hood in a safe manner. This will effect all residents and staff while preparing cooking on the range/stove. Findings on 05/05/2015	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6888

LJG521

If continuation sheet 1 of 2

PRINTED: 06/24/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER ST MARKS ROAD CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021			
(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 174	Continued From page 1 The kitchen range exhaust hood filter has excessive grease build-up.	C 174	Exhaust Hood Filter will be replaced	7/13/ 15	