

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL011195                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                             | (X3) DATE SURVEY COMPLETED<br><br>07/16/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>EVERGREEN LIVING HOME #3 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY STATE, ZIP CODE<br>103 COUNTRY TIME LANE<br>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<br><br>Report by Glenn Hopkin<br><br>DHSR Construction Section conducted a Biennial Survey on July 26 from 9:00am to 10:15am 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.<br><br>At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows: | C 000                                                                                | <p>CONSTRUCTION SECTION</p> <p>AUG 12 2015</p> <p>RECEIVED</p>                                                  |                                              |
| C 174                                                        | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. The electrical boxes from the original fire alarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C 174                                                                                |                                                                                                                 |                                              |

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

*[Signature]*

TITLE

Administrator

(X6) DATE /

8/13/15

STATE FORM

6000

0NJR21

If continuation sheet 1 of 2

Division of Health Service Regulation

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| C 174                                                        | Continued From page 1<br><br>system are uncovered. Have a qualified technician cover all open electrical boxes. Provide documentation to the DHSR Construction section when all work is complete.<br><br>2. The flexible dryer duct is damaged. Have a qualified technician repair or replace the damaged duct. Provide documentation to the DHSR Construction section when all work is complete.<br><br>3. There is lint and a wooden stick behind the dryer. Clean all lint and foreign objects from behind the dryer. Provide documentation to the DHSR Construction section when all work is complete.<br><br>4. There is a missing shingle on the roof. Have a qualified technician repair the roof. Provide documentation to the DHSR Construction section when all work is complete.<br><br>5. On several of the window sills the paint is peeling. Have a qualified technician prep and paint all window sills as needed. Provide documentation to the DHSR Construction section when all work is complete.<br><br>6. There is trash and combustible materials stored under the deck. Remove all trash and combustibles from under the deck. Provide documentation to the DHSR Construction section when all work is complete. | C 174                                                                                 | Have a qualified technician cover all open electrical boxes<br><br>The Flexible dryer duct replaced<br><br>Cleaned all lint & Foreign objects behind the dryer<br><br>Have a qualified technician repair the roof for missing shingle<br><br>Have a qualified technician clean & paint all window sills.<br><br>Remove all trash & combustibles from under the deck | 8/30/15<br><br>8/11/15<br><br>8/11/15<br><br>8/30/15<br><br>8/30/15 |