

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #13		STREET ADDRESS, CITY, STATE, ZIP CODE 353 FAMILY RIDGE ROAD 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 Biennial Survey on July 16, 2015 from 2:30pm until 4:00pm at the above referenced facility. DHSR records indicate the home was first licensed on July 25, 1997 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 (97 Rev) - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION AUG 12 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. The electrical boxes from the original fire alarm	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6588

OKWH21

If continuation sheet 1 of 2

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C 174	Continued From page 1 system are uncovered. Have a qualified technician cover all open electrical boxes. Provide documentation to the DHSR Construction section when all work is complete. 2. The fascia is damaged on the sides and rear of the building. Have a qualified technician repair or replace the damaged fascia. Provide documentation to the DHSR Construction section when all work is complete. 3. The siding on the rear of the building is rotted at the bottom of the siding. Have a qualified technician repair or replace the damaged siding. Provide documentation to the DHSR Construction section when all work is complete. 4. The gutter is damaged on the right front of the building. Have a qualified technician repair or replace the damaged gutter. Provide documentation to the DHSR Construction section when all work is complete. 5. There is vegetation growing on the siding in the front of the building. Remove all the vegetation from the siding. Provide documentation to the DHSR Construction section when all work is complete.	C 174	Have a qualified technician cover all open electrical boxes Have a qualified technician repair or replace the damaged fascia Have a qualified technician repair or replace the damaged siding Have a qualified technician repair or replace the damaged gutter. Removed all the vegetation from the siding	8/30/15 8/30/15 8/30/15 8/30/15 8/11/15	