

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUNDVIEW FAMILY CARE HOME UNIT N

**15 EAST MONET COURT
FLAT ROCK, NC 28731**

(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 February 25, 2016 from 11:30am until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on October 09, 1998 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable 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 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - 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		
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: Observations revealed that the fire alarm was in an alarm condition when the survey was conducted. The kitchen pull station was open	C 174	Additional staff training completed on the fire safety program for the facility. Training included safe and proper use of the fire alarm panel. Identification of all panel alerts and acceptable response to panel alerts. Use of pull stations during fire drills and actual fire emergency. Use of fire extinguishers during a fire. How to conduct a safe and effective fire drill. Notification of maintenance needs regarding fire alarm system. Acceptable response times for repairs to fire alarm system.	5/26/16

Division of Health Service Regulation

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

TITLE

(X6) DATE



Administrator

5/26/2016

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NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOME UNIT N		STREET ADDRESS, CITY, STATE, ZIP CODE 15 EAST MONET COURT FLAT ROCK, NC 28731		
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C 174	Continued From page 1 and the switch was activated. The fire alarm control panel was silenced but still in alarm. This means that the fire alarm system could not activate for another fire alarm and the facility was unprotected. It is unknown how long this condition existed. Have a qualified supervisor train every staff member on proper operation of the fire alarm system. Provide written documentation to the DHSR Construction Section showing the fire alarm system training. Provide written documentation to the DHSR Construction Section detailing how this situation will be prevented in the future.	C 174	Alarm system will be check at least 2x per month by site manager or designee ensuring panel is in proper working order and no alerts/alarms until compliance is reached. Staff shall notify maintenance immediately of any fire alarm equipment not working properly.	