

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1079067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/20/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAITHWORKS ASSISTED LIVING

**814 LINDSEY STREET
REIDSVILLE, NC 27320**

(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 Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on January 20, 2016 from 12:45 PM to 1:00 PM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{C 000}		
{C 146}	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the license in accordance with the Codes and Rules in effect at the time of licensure. Findings include: The facility is equipped with one accessible exit. The facility has admitted two (2) residents who use wheelchairs. It was not determined at the time of the survey whether the residents could transfer from their bed to the chair and evacuate on their own. If the residents are not able to	{C 146}	The work has been completed and photographs provided. owner provided materials and does not have receipts or work orders	RAMP 10/3/16

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

10E123

If continuation sheet 1 of 2

Jack Martin Jr

SIC

10/31/16

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NAME OF PROVIDER OR SUPPLIER FAITHWORKS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 814 LINDSEY STREET REIDSVILLE, NC 27320		
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{C 146}	Continued From page 1 evacuate on their own, the facility will have to be equipped with two outside exits at grade or accessible by a ramp. 10/13/2015: SF-At the time of this survey, there was only one accessible exit at the front. The Provider is working with the Owner to construct a second exit with a ramp. Provide copies of the permits and final documents for the ramp to DHSR/Construction when complete. 01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. There was a contractor on-site at the time of the survey, and work appeared to be progressing. Upon completion, provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	{C 146}			