

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2017
NAME OF PROVIDER OR SUPPLIER PATHWAYS II		STREET ADDRESS, CITY, STATE, ZIP CODE 812 CHARLES TAYLOR ROAD AULANDER, NC 27805		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on April 19, 2017 from 10:30 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 9, 1980. This facility is licensed for six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) which indicates that the bed count was increased to six sometime after April 1, 1984. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Family Care Homes Minimum Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) of the North Carolina State Building Code - Section 409.1 (g) - 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: 1. At the time of the survey it was noted that there was damage to the sheetrock wall below the	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 double windows in the kitchen area. Have the water leak corrected and replace the damaged sheetrock. Provide documentation to our office when completed. 2. In the Kitchen the laminate countertop by the stove was discolored and worn. Have the countertop replaced and provide documentation to our office when completed.	C 174		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey the Resident call system was not working when tested. Have the call system repaired or replaced and provide documentation to our office when completed.	C 180		