

#10#030407

FORM H-107-1

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/02/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A VISION COME TRUE

220 HATCH STREET
BURLINGTON, NC 27217

(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 Construction Section Biennial Survey report by Frank Strickland on 03/02/2017: This facility was first licensed as a Home for the Aged serving 12 residents on 04/29/2003. Therefore, this facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code Section 407-Institutional Occupancy, Group I-2. Deficiencies have been cited and a Plan of Correction is required.	C 000	Please SEE Attached Document	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the exterior material finishes. Findings on 03/30/2016: The following exterior finish components need to be cleaned or replaced: (a) The exterior siding has extensive bacteria build-up. (b) The down-spout gutter system is in disrepair at the ground. (c) The vinyl siding is damaged due to landscaping activities.	C 160		

Division of Health Service Regulation

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

Jornice Coates

TITLE

Adm

(X6) DATE

3/29/17

STATE FORM

6899

MXVQ21

If continuation sheet 1 of

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER A VISION COME TRUE		STREET ADDRESS, CITY, STATE, ZIP CODE 220 HATCH STREET BURLINGTON, NC 27217		
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C 164	Continued From page 1	C 164	<i>Please see Attached Document</i>	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain in a safe and operating condition the corridor handrails. This could affect all residents by disrupting grasping support for stability of a resident. Findings on 03/02/2017: The corridor handrail is loose across the hall from Room 1. 2-Based on observation, this facility has failed to maintain and clean the Bathing Rooms. Findings on 03/02/2017: The following Bathing areas are dirty with bathroom accessories that need replacement: (a) The Tub/Bath Room has a dirty tub and a shower curtain. (b) The Middle Bath Room has a dirty roll-shower, damaged threshold and a loose sink.			

A Vision Come True
220 Hatch St.
Burlington, NC 27217
336.227.4960
HAL001103

Survey date: 3/02/2017

Estimated Completion Date: 4/16/2017 (45 days from survey date)

This letter is in response to the survey completed on March 2, 2017. We are working with a contractor to do small repairs outside of building, with intentions of completion by 4/16/2017. A waiver may need to be approved, due to the delay in receiving replacement materials, as well as completion of projects by contractor... however if needed we will submit a formal written request. Below you will find the ID prefix tag, along with the providers plan of correction. Please feel free to contact us if there are any additional questions or concerns.

- ID Prefix Tag C 160
 - Section .0300-Physical Plant, 10A NCAC 3F .0305 Physical Environment
 - A. Exterior siding to be pressure washed, removing bacteria build-up. Quarterly pressure washing will be implemented, to prevent any future reoccurrences of this issue.
 - B. Down-spout gutter system at the ground has been replaced. Monthly inspection by owner & maintenance will be implemented, to prevent any future reoccurrences of this issue.
 - C. Vinyl siding that is damaged will be replaced, upon receiving materials & replacement from contractor. Open communication with landscaping company, ensuring they will advise if they have damaged any property so that it can be repaired in a timely manner.
- ID Prefix Tag C 164
 - Section .0300- Physical Plant, 10A NCAC 13F .0306 Housekeeping and Furnishing
 - A) 1. Corridor handrails to be secured and replaced where applicable, upon receiving materials and replacement from contractor. Monthly inspection by owner & maintenance will be implemented, to prevent any future reoccurrences of this issue.
 - 2A. Tub/Bath room tub has been cleaned. Shower curtain has been replaced. Reviewed Job duties and task with staff to assure cleaning is being completed per facility requirements. Weekly inspection on staffs duties and task by administrator and/or director.
 - 2B. Middle Bathroom shower has ben cleaned. Threshold and loose sink repaired, upon receiving materials and replacement from contractor. Monthly inspection by owner & maintenance will be implemented, to prevent any future reoccurrences of this issue