

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/04/2017
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 157 GLENDALE DRIVE EDEN, NC 27288		
(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 Complaint Survey on August 04, 2017 from 12:00pm until 12:30pm at the above referenced facility. DHSR records indicate the home was first licensed on August 1, 2012 as a Family Care Home for six (6) ambulatory Residents (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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes The complaint stated that the facility tested positive for total coliform bacteria by the Division of Environmental Health. The complaint was substantiated. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 116	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1). The rule requires the facility to meet sanitation requirements as determined by the North	C 116		

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

TITLE

(X6) DATE

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C 116	Continued From page 1 Carolina Department of Environment and Natural Resources; Division of Environmental Health. Findings: Three samples collected by the Division of Environmental Health on June 05, June 19, and June 27, 2017 tested positive for total coliform bacteria. Effect: This is a health risk to residents and staff. Directive: Have a licensed well contractor disinfect the well in accordance with The Rules Governing The Protection Of Water Supplies 15A NCAC 18A .1700. Follow all guidelines set by the Division of Environmental Health until the water supply is deemed safe by the Division of Environmental Services. Provide copies of all water samples and any other documentation confirming that the water is safe for use to the DHSR Construction Section.	C 116		