Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079086	A. BUILDING: 01 B. WING _____	08/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN ADULT CARE HOME	165 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 Biennial Survey on August 04, 2017 from 10:30am until 11:30pm at the above referenced facility. DHSR records indicate the home was first licensed on November 29, 2011 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. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	see attached	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1). The rule requires the home to have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. Findings: At the time of the survey a current fire and	C 117		

I am writing in response to the August 4, 2017 biennial survey and the corrective action issued as a result of that visit. Please find attached the result of the facility plans for future adherence.

In response to **Section .0300-The Building 10A NCAC 13G .0302 Design and Construction**

Have Current San. And Fire Approvals

8/4/2017

The administrator informed staff to provide fire and sanitation inspections to requesting individuals. Staff were informed of the location of these inspection reports (See attached Reports)

8/4/2017 and ongoing

The facility will insure that fire and sanitation inspections are current and available for review. The inspections will be stored in the home file which is located in the facility. Staff have been advised to provide these inspections to requesting individuals.

Building Equipment Maintained Safe and Operating

8/5/2017

1. The administrator viewed lint behind dryer. Administrator and facility staff vacuumed lint up and tightened dryer exhaust hose to prevent lint build up.
2. The administrator reviewed fire extinguishers inspections. Equipment was serviced and inspected in May of 2017 by Fire Equipment Sales and Service of Reidsville. The inspection of Extinguishers and equipment are good for 12 months from the date inspected and stamped on the tags on extinguishers. (Please see attached pictures.)
   8/5/2017 and ongoing
   The facility will insure that fire equipment is inspected in accordance with regulations and inspections are available for review

3. Dyers's plumbing of Eden replaced seals on both toilets in the facility. See attached work order for August 10th.