STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079089	A. BUILDING: 01 B. WING _____	C 08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN # 2	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 18, 2017 from 1:00pm until 2:30pm 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 had two non ambulatory residents. 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	see attached	
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sylvia L. Williams — TITLE: Administrator — (X6) DATE: 9/18/17

I am writing in response to the August 18, 2017 complaint 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**

Initial Licensure—Meet NCSBC

8/18/2017

The facility will follow Option one which is to remove all non-ambulatory residents from the facility and only serve ambulatory residents.

Each resident and resident family were notified on 8/19/2017 that a resident would be discharged from the facility, following the approved discharged process, if that resident becomes immobile and unable to ambulate. This is in accordance with the state mandated policy.

8/18/17 and ongoing

The facility will re-assess and re-evaluate the ambulatory status of all residents. Any resident found to have decreased ambulatory status will be assessed by their physician. If residents found incapable of the ability to ambulate we will notify DHSR and the facility will follow directives, Any resident unable to ambulate or found to be immobile will be discharged from the facility in accordance with applicable rules. All residents will be assessed upon admission to the facility to verify ambulation status as documented on residents' FL2 and admission papers. Any resident incapable of ambulation will not be admitted