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<br>B. WING _____ | C<br>08/04/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAFE HAVEN ADULT CARE HOME | 165 GLENDALE DRIVE<br>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<br><br>Report by Glenn Hoppin<br><br>DHSR Construction Section conducted a Complaint Survey on August 04, 2017 from 11:30am until 12:00pm 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.<br><br>The complaint stated that the water has tested positive for coliform bacteria by the Division of Environmental Health.<br>The complaint was substantiated.<br><br>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 116 | Construction-Meet Sanitary Requirements<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.<br><br>This Rule is not met as evidenced by:<br>1). The rule requires the facility to meet sanitation requirements as determined by the North | C 116 | | |

I am writing in response to the August 4, 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**

**Construction-Meet Sanitary Requirements**

**7/25/2017**

Assistant to the Administrator talked with Cynthia Dillon from the Rockingham County Department of Environmental Health. The facility was apprised by Ms. Dillon of the positive well sample taken from the facility on 5, 19 and 27 of June 2017. The facility had not received Ms. Dillon's letter that was mailed to the facility on July 6, 2017.

As a result of the conversation, the facility contacted Hall Well and Plumbing and the well was disinfected on 7/26/2017.

On 7/31/2017 and 8//7/2017 water samples were collected and were found to be absent of bacteria. ( See attached Reports)

**7/26/2017 and ongoing**

The facility will follow the recommendations of the Rockingham County Department of Environmental Health concerning well disinfection and follow the directives given by the Department at annual inspections.

# Comment Addendum Report

**Establishment Name:** SAFE HAVEN ADULT CARE HOMES **Establishment ID:** 3079430272

Location Address: 165 GLENDALE DR.

City: EDEN State: NC

County: 79 Rockingham Zip: 27288

Wastewater System: ☐ Municipal/Community ☒ On-Site System

Water Supply: ☐ Municipal/Community ☒ On-Site System

Permittee: SAFE HAVEN ADULT CARE HOMES

Telephone:

☐ Inspection ☐ Re-inspection

☐ Visit

☐ Verification

☐ Name Change

☒ Status Change

☐ Pre-Opening Visit

☐ Other

Water Sample taken? ☐ Yes ☒ No

Date: 08 / 14 / 2017

Status Code: A

Category #: N/A

Email

Time In: 08 : 00 ◉ am ○ pm

Time Out: 08 : 15 ◉ am ○ pm

Total Time: 15 minutes

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
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## Observations - Corrective Actions - General Comments

*GC TWO CONSECUTIVE WATER SAMPLES HAVE BEEN TAKEN AFTER THE WELL WAS DISINFECTED BY HALL WELL & PLUMBING. BOTH SAMPLE ANALYSIS RESULTS HAVE DETERMINE THE WELL IS "ABSENT" FOR TOTAL COLIFORM BACTERIA (AND E. COLI). THEREFORE, THE WATER SUPPLY IS DETERMINED TO BE SAFE FOR HUMAN CONSUMPTION AND THE FACILITY IS HEREBY REINSTATED TO "APPROVED" STATUS.

COPIES OF THE TWO MOST RECENT WATER SAPLE LAB ANALYSIS RESULTS ARE ATTACHED.

Person in Charge (Print & Sign): First NOT Last AVAILABLE N/A

Regulatory Authority (Print & Sign): First CYNTHIA Last DILLON C L Dillon

REHS ID: 2100 - Dillon, Cynthia REHS Contact Phone Number: ( 336 ) 342 - 8185

North Carolina State Laboratory Public Health
*Environmental Sciences*
**Microbiology**

Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

**Report To:**
**ROCKINGHAM CO ENVIRONMENTAL HEALTH**
**PO BOX 204**

**WENTWORTH, NC 27375**
**EIN:566001527EH** **COURIER #: 02-28-23**

**Name of System:**

**SAFE HAVEN 1, 2, 3 RCF**
**149, 157, 165 GLENDALE DR**
**EDEN, NC 27288**

StarLiMS Sample ID: **ES080817-0058001**

Collected: 08/07/2017 09:50 **Cynthia Dillon**
Received: 08/08/2017 08:37 **Susan Beasley**

ES Microbiology ID:
GPS Number:

Sample Source: **Well**
Sampling Point: **#149 Kitchen sink faucet**

Well Permit Number:

Sample Description:
Comment:

**Environmental Microbiology - Colilert Profile** **Method:** SM 9223B

**Test Name: Colilert**

| Analyte | Test Result | Date |
|---|---|---|
| Total Coliform, Colilert | Absent | 08/09/2017 |
| *E. coli*, Colilert | Absent | 08/09/2017 |

**Report Date:** 08/09/2017

**Reported By: Susan Beasley**

Susan Beasley

## Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

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**ROCKINGHAM CO ENVIRONMENTAL HEALTH**
**PO BOX 204**

**WENTWORTH, NC 27375**
**EIN:566001527EH** **COURIER #: 02-28-23**

**Name of System:**

**SAFE HAVEN 1, 2, 3 RCF**
**149, 157, 165 GLENDALE DR**
**EDEN, NC 27288**

StarLiMS Sample ID: **ES080117-0049001**

Collected: 07/31/2017 09:55 **Cynthia Dillon**
Received: 08/01/2017 08:05 **Susan Beasley**

ES Microbiology ID:
GPS Number:

Sample Source: **Well** Well Permit Number:
Sampling Point: **Kitchen faucet #149**

Sample Description:
Comment:

**Environmental Microbiology - Colilert Profile** **Method:** SM 9223B

**Test Name: Colilert**

| Analyte | Test Result | Date |
|---|---|---|
| Total Coliform, Colilert | Absent | 08/02/2017 |
| *E. coli*, Colilert | Absent | 08/02/2017 |

**Report Date:** 08/04/2017

**Reported By: Susan Beasley**

Susan Beasley

**Explanations of Coliform Analysis:**

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.