

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2018
NAME OF PROVIDER OR SUPPLIER THE PATTERSON FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3053 ROB CARSWELL STREET MORGANTON, NC 28655		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on March 8, 2018 from 9:15 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on February 1, 1989 as a Family Care Home for six (6) all ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - 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		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the range hood in the kitchen was not working when tested. This rule requires the mechanical equipment to be maintained in an operating	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 condition. *For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 174		