

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 08/04/2017
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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 Biennial Survey on August 04, 2017 from 12:30pm until 1:30pm 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 At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1). The rule states that Scatter or throw rugs shall not be used in a family care home. Findings: Observations revealed a throw rug in the hall bath. Effect: This is a trip hazard to residents.	C 152		

RECEIVED
MAR 26 2018
CONSTRUCTION SECTION

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

898J21

If continuation sheet 1 of 3

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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 152	Continued From page 1 Directive: Remove the throw rug from the premises. Provide documentation to the DHSR Construction Section when this item is completed.	C 152	COMPLETED	
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). The rule requires the facility to maintain the electrical, mechanical and water systems in a manner that ensures the physical safety of clients, staff and visitors. Findings: 1. Observations revealed that the bathroom floor in the hall bath outside of bedroom 2 is soft. Effect: A soft floor is an indication of rotted wood. This is a safety hazard for residents and staff. Directive: Have a qualified technician make all necessary repairs. Provide the DHSR Construction Section with documentation verifying that this repair has been completed. 2. Observations revealed the the ventilation hood above the stove is loose. Effect: This is an electrical hazard and well as a	C 174	COMPLETED	

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C 174	Continued From page 2 fire hazard. Directive: Have a qualified technician make all necessary repairs. Provide the DHSR Construction Section with documentation verifying this repair has been completed. 3. Observations revealed that the countertop is burned in several locations near the stove. Effect: This is very unsightly and is does not meet the intent of a well maintained facility. Directive: Have a qualified technician make all necessary repairs. Provide documentation to the DHSR Construction Section when this item has been completed. 4. Observations revealed that the fire extinguishers are not being inspected monthly by the staff and the tags are not being updated on a monthly basis. Effect: Failure to have the fire extinguishers inspected as required is a safety hazard. Directive: Have a qualified technician train the staff on how to do a monthly fire extinguisher inspection and how to initial and date the tag after inspecting the fire extinguisher. Provide the DHSR Construction Section with documentation verifying this repair has been completed.	C 174	NOT COMPLETED COMPLETED	