

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 R 03/22/2018
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 Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on March 22, 2018 from 10:50 AM to 11:30 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{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: 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. 03/23/2018-PD: Based on observations during the Follow-up Survey, this has not been corrected, although the provider stated she is getting quotes to replace the counter tops.	{C 174}		

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

TITLE

(X6) DATE