

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079109	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 149 HIGHWAY 87 REIDVILLE, NC 27320		
(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 Complaint Survey on February 7, 2018 from 10:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on August 14, 2017 as a Family Care Home for Six (6) ambulatory Residents (Who are able to respond and evacuate without any 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 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes	C 000		
C 147	Floors 10ANCAC 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. At the time of the survey it was observed that there was a section of the old wooden flooring in the front hallway (outside of bathroom) that was loose and spongy. This rule requires that all floors	C 152	Administrator was made aware of spongy spot on floor in hallway outside of bathroom. Administrator repaired floor to ensure that residents and staff would be safe. - Administrator repaired floor - Staff instructed to log and notify SIC of any loose flooring in facility. - SIC to monitor daily for loose flooring - SIC to provide report to Administrator in the event that loose flooring is discovered.	02/09/2018

Division of Health Service Regulation

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

STATE FORM

6899

DVTD21

TITLE

(X6) DATE

If continuation sheet 1 of 2

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C152	Continued From page 1 be kept in good repair. * For the deficiency 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.	C152			