

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 15 TORE DRIVE BREVARD, NC 28712		
(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 Survey on April 26, 2018 from 11:00 AM to 12:15PM at the above referenced facility. DHSR records indicate the home was first licensed on June 4, 2009 as a Family Care Home for six (6) non-ambulatory Residents (Who are un-able to respond and evacuate 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 421.4 - Small Non ambulatory Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. * This Rule is not met as evidenced by: At the time of the survey it was observed that there was a build-up of mildew on the wall behind the kitchen sink and the back-splash was delaminating. This does not meet the rule which	C 153	<i>Sam J. Curley Sr.</i> maint. 5/1/18 → next page	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 153 *	Continued From page 1 requires the home be maintained in a clean and attractive manner. 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 153	• THE OLD BACK SPLASH (DELAMINATED) WAS REMOVED, THE MILDEW LADEN CAULKING WAS REMOVED AND DASE WAS THOROUGHLY CLEANED. A NEW BACK^{splash} WAS INSTALLED AND RE CAULKED. • WE HAVE INVESTIGATED OTHER POTENTIAL AREAS AND A SIMILAR SITUATION DOES NOT EXIST • WE WILL MONITOR (HOME STAFF) REPAIR AND INSTRUCT STAFF TO NOTIFY MAINTENANCE OF A SIMILAR SITUATION. MAINTENANCE WILL REPAIR AS MONTHLY <i>Signature, Title, Date</i> <i>on this page too</i> NEEDED. • SER # 3 BULLET POINT. • COMPLETED 5/1/18 <i>[Signature]</i> maint. 5/1/18