STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059-033	A. BUILDING: **01** B. WING _____	**05/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW FAMILY CARE HOME	**3341 OLD HWY #10 E NEBO, NC 28761**

(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 Anthony Brinson DHSR Construction Section conducted a Biennial Survey on May 10, 2018 from 11:45 AM to 2:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 11, 1991 as a Family Care Home with a capacity of Six (6) all-ambulatory residents (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 1991 "Rules for Family Care Homes Minimum Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1991 North Carolina State Building Code - Section-513.1 - Exception #1-Residential 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 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172		

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C 172	Continued From page 1 This Rule is not met as evidenced by: 1.) The rule requires "There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved". It was observed at the time of survey that there were no copies or reference of required fire drills being conducted on the third shift (roughly between the hours of 11:00 PM to 6:00 AM) Please note that the rule references quarterly drills (minimum of four per year), but the intent is to have a minimum of four yearly drills (one for each shift during the quarterly period a total of 12 per year). Take measures to perform unannounced drills during all three shifts. Copies of fire drills should remain on site at all times for review. These records are reviewed to verify consistency during drills, verifying the date and time of drill(s), notification method, resident and staff activity, condition simulated, any problems encountered, weather conditions and elapsed time to complete the drill. This info is crucial to ensure the safety and well-being of both residents and staff is maintained.	C 172		
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	C 174		

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C 174	Continued From page 2 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 states that 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. At the time of survey it was observed that in the lower level kitchen (Staff Area) two of the countertop receptacles located within six feet of the sink where not GFCI protected as required. Take measures to have the deficiency corrected, once completed forward copies of invoices/receipts of the work performed to DHSR Construction Section. 2.) The Rule states that 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. At the time of survey it was observed that in the attic space once you pass through the access door (on the right) there was some electrical wiring that is un-protected outside of an approved junction box. Take measures to have the deficiency corrected, once completed forward copies of photos or receipts of the work performed to DHSR Construction Section.	C 174		
C 119	Bathroom IV. The Building	C 119		

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C 119	Continued From page 3 C. Physical Environment 5. Bathroom (10 NCAC 42C .2206) a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. c. The bathroom(s) must be designed to provide privacy. A bathroom with more than one toilet or tub/shower must have privacy partitions or curtains. d. Entrance to the bathroom is not to be through a kitchen, another person 's bedroom, or another bathroom. e. The bathroom must be located as conveniently as possible to the resident 's bedrooms. f. Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. g. Nonskid surfacing or strips must be installed in showers and bath areas. h. The bathroom must be well lighted and adequately ventilated. i. The bathroom floor must have a non-slippery water-resistant covering. This Rule is not met as evidenced by: 1.) The rule requires that Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. At the time of our survey it was observed that there was not a handgrip in the bathroom located off of the 3 bed bedroom this is not compliant with	C 119		

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C 119	Continued From page 4 the rule; provide a handgrip to assist residents entering in and out of the shower. Take measures to correct the deficiency once completed provide to DHSR Construction photos verifying compliance.	C 119		