

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 165 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 Luis Padilla DHSR Construction Section conducted a Biennial Follow-up Survey on July 17, 2018 from 12:10 PM to 12:30 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 117}	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1). The rule requires the home to have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. Findings: At the time of the survey a current fire and sanitation report were unavailable for review. Effect: The current status of the fire and sanitation of the facility was unavailable to the surveyor so compliance with rule could not be confirmed. Directive: Provide the DHSR Construction Section with copies of a current fire and sanitation report.	{C 117}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 165 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 117}	Continued From page 1 07/17/2018-LAP During our visit it was observed that on site staff was able to provide an up to date Sanitation Inspection Report, but not a Fire Inspection Report. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of copies of the fire report.	{C 117}		
{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 2. Observations revealed that the bathroom floor in the hall bath 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	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 165 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 174}	Continued From page 2 necessary repairs. Provide the DHSR Construction Section with documentation verifying that this repair has been completed. 07/17/2018-LAP During our visit it was observed that the bathroom floor in the hall bath was still soft. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of invoices and photos for all completed work. 5. Observations revealed that the toilet in the hall bath is loose and the floor is stained around the toilet. This indicates a possible leaking wax seal under the toilet. Effect: This can damage the subfloor creating a soft floor as cited above in Item #2. This is a health and safety hazard to residents. Directive: Have a qualified technician make all necessary repairs. Provide the DHSR Construction Section with documentation verifying that this repair has been completed. 07/17/2018-LAP During our visit it was observed that the toilet in the hall bath is still loose and the floor is still stained around the toilet. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	{C 174}		