

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 Survey on August 29, 2018 from 11:20 AM to 12:50 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 3, 1996 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable to respond and evacuate without 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care facilities At the time of our visit, we cited deficiencies that require an acceptable plan of correction; all deficiencies listed below were discussed with on-site staff during the exit interview. The listed deficiencies are as follows:	C 000		
C 154	Housekeeping-Must Have Approved Sanitation SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by:	C 154		

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: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 154	Continued From page 1 1.) The rule requires each family care home shall have a North Carolina Division of Environmental Health approved sanitation classification at all times: During our visit it was observed that there was a live mouse in the laundry room and dead ants located around the Staff toilet. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide to our office a new Sanitation Inspection Report along with your plan of corrections.	C 154		
C 159	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The rule requires each family care home shall have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy: During our visit it was observed that all the Bedrooms for the home did not have blinds at the windows to provide privacy for residents of the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of	C 159		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 159	Continued From page 2 photos for all completed work.	C 159		
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 all mechanical equipment in a family care home in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the bathroom exhaust vents were dirty. 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. 2.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that in the Staff Bedroom, there was a missing receptacle faceplate, exposing live wires. 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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) The rule requires where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom: During out visit it was observed that the call system for the home was not functional. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of invoices/receipts for all completed work.	C 180		
C 118	Bedrooms-Windows T10: 42C .2205 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window	C 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 118	Continued From page 4 area must be equivalent to at least eight percent of the floor space. The windows must be low enough to see outdoors from the bed and chair, with a maximum 36-inch sill height. This Rule is not met as evidenced by: 1.) The rule requires each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level: During our visit it was observed that the window for Bedroom #5 was not operating correctly. 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 118		
C 133	Corridor-Night Lights T10: 42C .2208 CORRIDOR (b) Corridors must be lighted sufficiently with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1.) The rule requires corridors must be lighted sufficiently with night lights providing 1 foot-candle power at the floor: During or visit it was observed that the corridor lights for the home were not functional. 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 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 102 COUNTRY TIME LANE LEICESTER, NC 28748		
(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 138	Outside Entrances/Exits-Single Hand Motion T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. This Rule is not met as evidenced by: 1.) The rule requires all exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys: During our visit it was observed that the side entrance door for the home is not single hand motion. 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 138		