

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 103 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 9:00 AM to 11:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 22, 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 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 fire safety equipment in a	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 family care home shall be maintained in a safe and operating condition: During our visit it was observed that the Fire Extinguishers for the home were not being inspected on a monthly basis by staff. 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 plumbing equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the shower for the front bathroom had some damage around the drainage. 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. 3.) The rule requires all mechanical equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the dryer duct had a build-up of debris around it. 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. 4.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition:	C 174		

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C 174	Continued From page 2 During our visit it was observed that the call system lights for Bedroom #1 and #2 were not functional. This is not compliant with the rule. Make arrangements to have the deficiency corrected on site; provide documentation in the form of photos for all completed work.	C 174		
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. This deficiency was corrected on site. Take measures to ensure against reoccurrence.	C 180		

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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 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 #1 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 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:	C 138		

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C 138	Continued From page 4 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 and many of the Bedroom doors for the home are 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		
C 143	Floors T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1.) The rule requires scatter or throw rugs are not to be used: During our visit it was observed that throw rugs were being utilized in Bedroom 1 and in the Staff Bedroom. This is not compliant with the rule. Make arrangements to have the deficiency corrected. Ensure that all throw rugs in the home are removed from site. Once completed provide documentation in the form of photos for all completed work.	C 143		