

PRINTED: 11/19/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/15/2018
NAME OF PROVIDER OR SUPPLIER MERCY'S SUPPORTIVE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856			
(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 November 15, 2018 from 9:45 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 18, 2014 as a Family Care Home for four (4) ambulatory Residents (Who are 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 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.	C 000			
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that	C 183			

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

TITLE

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NAME OF PROVIDER OR SUPPLIER MERCY'S SUPPORTIVE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 932 COBBLE RIDGE DRIVE NASHVILLE, NC 27866		
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C 183	Continued From page 1 the front porch railings and porch stair handrails were in need of painting. This is not compliant with the rule. 2. At the time of the survey it was observed that living room window blinds were damaged. This is not compliant with the rule. 3. At the time of the survey it was observed that there was some trash and debris underneath the rear deck. This is not compliant with the rule.	C 183	I am requesting a waiver due weather. We are experiencing a lot of cold rainy days. living room blinds has been replace with faux wood blind All trash and debris has been remove from underneath the rear deck. I will make sure rear deck stay clean and safe	

Division of Health Service Regulation
STATE FORM

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QMU121

If continuation sheet 2 of 2

Keshunda Richardson