

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL002006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
NAME OF PROVIDER OR SUPPLIER SARAH'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 21 COLLEGE ROAD EXTENSION TAYLORSVILLE, NC 28681		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on June 7, 2019 from 9:00 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 8, 2007 as a Family Care Home for six (6) ambulatory Residents (who are able to evacuate and respond 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 2002 North Carolina State Building Code - Section 421.2 - 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. The cited 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.	C 174		

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: FCL002006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
NAME OF PROVIDER OR SUPPLIER SARAH'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 21 COLLEGE ROAD EXTENSION TAYLORSVILLE, NC 28681		
(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 1 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the wall at the tub had water damage and needed to be repaired. This is not compliant with the rule. 2.) At the time of the survey it was observed that a section of soffit was rotted out from a previous roof leak (right side). This is not compliant with the rule.	C 174		