STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION
	FCL011375	A. BUILDING: 01 B. WING

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 2	231 COUNTRY TIME CIRCLE 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	PROVIDE (EACH COR CROSS-REFE
C 174	Continued From page 1 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. At the time of the survey it was observed that the ventillation fan cover in the SIC bathroom was hanging from the ceiling. This is not compliant with the rule. 2. At the time of the survey it was observed that the flexible dryer duct was crushed. This is not compliant with the rule.	C 174	
C 140	Outside Entrances/Exits-Handrails T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (f) All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the walkway on the left side of the building has a drop off that needs to be brought to grade or protected by a handrail. This is not compliant with the rule. 2. At the time of the survey it was observed that the walkway on the rear of the facility has a drop off that needs to be brought to grade or protected by a handrails. This is not compliant with the rule.	C 140	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011375	A. BUILDING: 01 B. WING _____	10/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 2	231 COUNTRY TIME CIRCLE 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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on October 25, 2018 from 11:30 AM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 16, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. 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	C174 1. VENT FAN SECURED AT THE TIME OF SURVEY. 10/26/18 2. DRYER VENT REPLACED. 12/31/18 C140 1. WALKWAY ON LEFT SIDE OF BLDG HAS BEEN BROUGHT UP TO GRADE. 12/31/18 2. WALKWAY ON REAR OF BLDG HAS BEEN BROUGHT UP TO GRADE. 12/31/18 QUARTERLY INSPECTIONS OF THE INTERIOR/ EXTERIOR OF THE HOME WILLBE DONE TO ENSURE COMPLIANCE.	
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	C 174		