STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011380	A. BUILDING: **01** B. WING _____	C **12/13/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 1	**230 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 Luis Padilla DHSR Construction Section conducted a Complaint Survey on December 13, 2019 from 11:25 AM to 11:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 23, 1996 as a Family Care Home for six (6) ambulatory Residents (Able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to maintain 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 Edition of the 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. 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,	C 174		

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C 174	Continued From page 1 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. At the time of the survey it was observed that the well water system tested positive for coliform. The concrete pad had deteriorated and the electrical wiring port did not have any sealant or caulking. This allowed the entry of contaminants from the top of the well casting. On site staff mention that the facility has discontinued the use of that well and switched to a separate uncontaminated well water system. Staff are taking measures to eliminate the coliform and conduct any necessary repairs to the original well water system. Please inform our office with any invoices/receipts once this deficiency has been informed.	C 174		