

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>FCL011198</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/15/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EVERGREEN LIVING HOME #13</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>353 FAMILY RIDGE ROAD<br/>LEICESTER, NC 28748</b> |                                                                                                                 |                                                     |
| (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                                                                | <p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on November 15 from 09:20 AM to 09:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 25, 1997 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</p> <p>* At the time of the survey the facility was not serving any residents.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p> | C 000                                                                                         |                                                                                                                 |                                                     |
| C 174                                                                | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C 174                                                                                         |                                                                                                                 |                                                     |

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



TITLE

ADMINISTRATOR

(X6) DATE

1/4/24

6899

TRVQ21

If continuation sheet 1 of 3

## Division of Health Service Regulation

PRINTED: 12/20/2023  
FORM APPROVED

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|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL011198</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                               | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/15/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EVERGREEN LIVING HOME #13</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>353 FAMILY RIDGE ROAD<br/>LEICESTER, NC 28748</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 174                                                                | Continued From page 1<br><br>10A NCAC 13G .0317 BUILDING SERVICE<br>EQUIPMENT<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in a family<br>care home shall be maintained in a safe and<br>operating condition.<br>(j) This Rule shall apply to new and existing<br>family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that<br>multiple lights were out in the facility. This is not<br>compliant with the rule. Take the necessary steps<br>to replace bulbs as needed.<br><br>2.) At the time of the survey, it was observed that<br>the light fixture in the pantry was missing a globe.<br>This is not compliant with the rule. Take the<br>necessary steps to replace the globes | C 174                                                                                         | multiple light will be<br>replace bulbs.<br><br>pantry missing globe<br>will be arranged                                 | 1/20/24<br><br>1/20/24                                 |
| C 177                                                                | Building Service Equipment-Hot Water<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE<br>EQUIPMENT<br>(d) The hot water tank shall be of such size to<br>provide an adequate supply of hot water to the<br>kitchen, bathrooms, and laundry. The hot water<br>temperature at all fixtures used by residents shall<br>be maintained at a minimum of 100 degrees F<br>(38 degrees C) and shall not exceed 116 degrees<br>F (46.7 degrees C).<br>(j) This Rule shall apply to new and existing<br>family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that<br>the water temperature for the bathroom sink,<br>located near the kitchen didn't fall into the                                                  | C 177                                                                                         | Hot water tank will<br>be - check Temperature<br>will be minimum of<br>100 - 116.                                        | 1/20/24                                                |

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| NAME OF PROVIDER OR SUPPLIER<br><br>EVERGREEN LIVING HOME #13 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br>353 FAMILY RIDGE ROAD<br>LEICESTER, NC 28748 |                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
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| C 177                                                         | Continued From page 2<br><br>allowable range as referenced in the rule above, the reading taken was 96 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C 177                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| C 180                                                         | Building Service Equipment-Call System<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey it was observed that the call system is not working as intended being able to be deactivated by a receiver. This is not compliant with the rule. Take the necessary steps to change the programming of the digital call system and or replace the system so that it can only be deactivated by the original call button that was pressed by the resident. | C 180                                                                                 | <p>Southern Alarm Company 12/22/23<br/>Tech was sent out to look at issue</p> <p>Southern Alarm Company<br/>Contacted Construction Division to clarify. Company gave quote &amp; stated they would schedule tech to fix call system light. 12/28/23</p> <p>alarm company technician scheduled to arrive for repair 1/5/24.</p> <p>Southern Alarm will come on Friday 3pm 1/5/24.</p> |                                              |