

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2023
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #12		STREET ADDRESS, CITY, STATE, ZIP CODE 352 FAMILY RIDGE ROAD 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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on November 15, 2023 from 09:40 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 16, 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 NOTES: 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. 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		

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

TITLE ADMINISTRATOR (X6) DATE 1/4/24

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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 in the pantry the globes were missing from the light fixture. This is not compliant with the rule. Take the necessary steps to replace the light globe. 2.) At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to orient the plans correctly. 3.) At the time of the survey it was observed that the hallway bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries.	C 174	will be arranged light fixture. Fixed Fixed	1/20/24 1/4/24 1/4/24
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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	C 180	Southern Alarm Company Tech 12/22/23 was sent out to look at issue Southern Alarm Company contacted construction division to clarify company	

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