

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/08/2023
NAME OF PROVIDER OR SUPPLIER FAIRVIEW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 114 FAIRVIEW ROAD MARION, NC 28752		
(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 Kelly Myers DHSR Construction Section conducted a Biennial Follow-up Survey on November 8, 2023 from 8:30 AM to 9:05 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. 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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 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 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code;	C 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 109	Continued From page 1 (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the house did not have a full fire alarm system installed. Based on the house having two habitable levels, a full fire alarm system is required. Take the necessary steps to install a fire alarm system meeting the requirements of NFPA 72. *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency. (Provider had a second contractor scheduled to arrive November 8, 2023.)	C 109		
{C 111}	Construction-Ceiling SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (h) The ceiling shall be at least seven and one-half feet from the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that	{C 111}		

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{C 111}	Continued From page 2 the ceiling height for the basement level of the house was 7 feet 2 inches. This is not compliant with the rule. (This area was being used by staff only at the time of the survey.) *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency.	{C 111}		
{C 144}	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the basement level of the house only had one exit provided. This is not compliant with the rule. Take the necessary steps to provide a proper second means of egress from the basement level. *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency. Provide documentation from the local building official (not the Fire Marshall) that states that the emergency egress can be used as a second egress for the basement.	{C 144}		
{C 169}	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	{C 169}		

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{C 169}	Continued From page 3 DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the heat detector provided was rated for 135 degree fixed temperature and was not hardwired. The heat detector was also mounted at the base of the attic access opening. This may cause incorrect notifications for issues in the attic space. This is not compliant with the rule. Take the necessary steps to install a 194 degree fixed temperature detector or 135 degree rate of rise detector. The detector needs to be hardwired on a dedicated circuit. If the detector does not have an internal sounding device, it needs to be connected to a centrally located sounding device. The detector also needs to be centrally located in the upper portion of the attic space. *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency. (Provider has scheduled a second contractor to complete work. Appointment scheduled for November 8, 2023.) 2. At the time of the survey it was observed that the smoke detector in the staff bedroom was not interconnected with the other smoke detectors.	{C 169}		

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{C 169}	Continued From page 4 This may cause the staff member to not be properly notified in a fire emergency. This is not compliant with the rule. Take the necessary steps to have the smoke detector interconnected with the other smoke detectors. *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency. (Provider has scheduled a second contractor to complete work. Appointment scheduled for November 8, 2023.)	{C 169}		
{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. (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 staff bedroom had been removed and not capped off properly. This is allowing the wires to be exposed causing a possibility of electrocution if the wires are touched. This is not compliant with the rule. Take the necessary steps to cap off the old smoke detectors properly. *This deficiency was previously cited during our November 8, 2023 biennial survey, take action to correct this deficiency.	{C 174}		