

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/26/2024
NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOME UNIT M		STREET ADDRESS, CITY, STATE, ZIP CODE 151 KENDRICK COURT FLAT ROCK, NC 28731		
(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 David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on March 26, 2024 from 12:40am PM to 1:00 PM at the above referenced facility. Not all of the previously cited deficiencies had been corrected at the time of the survey, therefore further action is required. The remaining cited deficiencies are as follows: 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}		
{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 clothes dryer duct seams were not sealed. This is not compliant with the rule. Take the necessary steps to seal the clothes dryer duct	{C 174}		

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

TITLE

(X6) DATE

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{C 174}	Continued From page 1 seams with a metallic type tape. * This deficiency had not been corrected. 2. At the time of the survey it was observed that the stove vent hood surface light cover was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency had not been corrected. 3. At the time of the survey it was observed that the front hall bathroom toilet was loose at the base. This is not compliant with the rule. Take the necessary steps to secure the toilet base. * This deficiency had not been corrected.	{C 174}		