

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL045091</b>         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/25/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUNDVIEW FAMILY CARE HOMES UNIT F</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>24 EAST MONET<br/>FLAT ROCK, NC 28731</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 000                                                                         | <p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on September 25, 2024 from 10:00 AM until 10:30 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 any 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>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 on-site 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<br/>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br/>(a) The building and all fire safety, electrical,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C 174                                                                                 |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 174                                                                         | <p>Continued From page 1</p> <p>mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.<br/>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that multiple light fixtures on the exterior of the house were missing globes. This is not compliant with the rule. Take the necessary steps to replace the light fixture globes.</p> <p>2.) At the time of the survey, it was observed that the end of the ramp to the right had a drop-off. This is not compliant with the rule. Take the necessary steps to build the grade up and or put a barrier to prevent people from accessing the area.</p> <p>3.) At the time of the survey, it was observed that the right soffit was no longer installed as intended. This is not compliant with the rule. Take the necessary steps to repair the soffit to be installed as intended.</p> <p>4.) At the time of the survey, it was observed that the tiles in the first bedroom on the right and 2nd bedroom on the right have damaged tiles. This could potentially cause a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring.</p> <p>5.) At the time of the survey, it was observed that in the 2nd bedroom on the right the light fixture is no longer properly installed. This is not compliant with the rule. Take the necessary steps to ensure that the light fixture is installed as intended.</p> | C 174                                                                                 |                                                                                                                          |                                                        |