PRINTED: 12/03/2014 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017008 NAME OF PROVIDER OR SUPPLIER STREET ADD			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		11/	11/14/2014	
		DDRESS, CITY, STATE, ZIP CODE			14/2014	
STONEY	CREEK FAMILY CAI	REHOME		SCHOOL ROAD		
		REIDSVI	LLE, NC 2732	0		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Suzanna Fay					
	Survey on Novemb referenced facility. home was first licer Family Care Home rules at this time or capacity of five Res 1, 1983 the building for a maximum of s April 1, 1984 Licens allow for a maximu well. Your home is capacity of Six (6) a to evacuate and resverbal assistance of emergency). Based requiring the home the following: the 19 Homes Minimum a Regulations", the a Rules 10A NCAC 1 and the 1978 (Revi	n Section conducted a Biennial ber 14, 2014 at the above DHSR records indicate the nsed on March 01, 1981 as a for five Residents; Licensure nly allowed for a maximum sidents. Effective on February g code was amended to allow six Residents, and effective on sure Rules were revised to m capacity of six residents as currently licensed with a all-ambulatory residents (able spond without any physical or during a fire or other d on this information we are to maintain compliance with 984 "Rules for Family Care nd Desired Standards and pplicable portions of the 2005 3G for Family Care Homes, ision 5) North Carolina State ction-409.1(g)-Residential				
		isit, we cited deficiencies that ble plan of correction. They are				
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building a	317 BUILDING SERVICE nd all fire safety, electrical,				
	mechanical, and pl					

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		B. WING		11/			
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE. ZIP CODE		14/2014	
	CREEK FAMILY CA	RE HOME 2896 ST	ONEY CREEK	SCHOOL ROAD			
	SUMMARY ST		/ILLE, NC 2732	PROVIDER'S PLAN OF		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	COMPLET DATE	
C 174	Continued From page 1		C 174				
	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. The floor in the hall bathroom has buckled from a previous leak. Contract a qualified vendor to repair the floor so that the bathroom has a safe, level surface. Provide documentation of the repairs.						
	deteriorated along	at the back exit is severely the bottom. Contract a replace the storm door. ation of the repairs.					
	secured to the base vendor to secure a	It the back bathroom is not e cabinet. Contract a qualified nd caulk the vanity top. of the completed repairs.	d				
	side of the facility a	at the gable vent along the lear the broken out. Contract a replace the gable fins. ation of the repairs.	ft				
C 123	Outside Entrances	/Exits	C 123				
	.2209) a. All floor levels n there are only two, from each other as b. At least one ent minimum clear wid	nment ces/Exits (10 NCAC 42C nust have at least two exits. It the exits must be as remote reasonably possible. rance/exit door must be a th of three feet and another n clear width of two feet and	f				

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		FCL017008	B. WING		11/14/2014
AME OF PROV	IDER OR SUPPLIER		DDRESS, CITY, S		
TONEY CR	EEK FAMILY CA	REHOME	LLE, NC 2732	SCHOOL ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET HE APPROPRIATE DATE
C 123 Co	ntinued From pa	ige 2	C 123		
c. res acc inc ent rer (Th grc onc get d. a s wit e. obs ins f. prc Th 1. dea sin Co rer	sidents' floor level cessible by ramp hes of length of trances/exits, the note from each of trances/exits, the note from each of trances/exits, the note from each of trances/exits e resident who n ting up or down All evel applies e resident who n ting up or down All exit door lock ingle hand motion hout keys. All entrances/exits structions or imp tant use in case All steps, porche by ided with hand is Rule is not mo The storm door ad bolt latch that gle hand motion ntract a qualified	side entrances/exits for the el must be at ground level or o with a 1 inch rise for each 12 the ramp. If there are only two e entrances/exits must be as other as reasonably possible. or the ramp at exits not at s to homes which have at leas eeds personal assistance in steps.) as must be easily operable, by on, from the inside at all times it must be free of all ediments to allow for full of fire or other emergency. as, stoops and ramps must be rails and guardrails. et as evidenced by: at the front entrance has a does not comply with the requirements for exiting. I vendor to dismantle or olt. Provide verification of the	t		

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