| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011196 | A. BUILDING: **01**<br>B. WING _____ | **12/30/2014** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EVERGREEN LIVING HOME #11** | **351 FAMILY RIDGE ROAD**<br>**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<br><br>Report by Glenn Hoppin<br><br>DHSR Construction Section conducted a complaint Survey on December 30, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on October 16, 1997 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code (1997 Rev) - Section 419.3 - Small Residential Care Facilities.<br><br>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000 | | |
| C 170 | Fire Safety-Any Other City Ordinances<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN<br>(c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.<br><br>This Rule is not met as evidenced by:<br>1.. A fire drill was conducted by the Buncombe County Fire Marshal on Dec 09, 2014. During the Drill the residents and staff did not react to the fire alarm and no residents evacuated the facility. On | C 170 | | |

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| C 170 | Continued From page 1<br><br>December 30, 2014 a fire drill was conducted by the staff with DHSR Construction and DSS observing the fire drill. The staff did not have a full understanding of proper evacuation procedures and did not know how to operate or reset the fire alarm system. With assistance from the Buncombe County Fire Marshall, provide training to all staff and residents on proper emergency evacuation procedures and how to respond to a fire alarm. Also provide training on the proper operation of the fire alarm system.<br><br>2. Discussion with the Buncombe County Fire Marshall revealed that on several occasions emergency responders have been dispatched to the facility and due to cultural and language barriers, were delayed in responding to the correct facility and were not given a clear understanding of the emergency. The emergency responders do not speak Korean and the residents and staff do not speak English. This creates a delay in reacting to the emergency. Consult with the Buncombe County Fire Marshal and implement any recommendations or directives given by the fire Marshall to improve response time and safety of the residents. | C 170 | | |
| C 174 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes. | C 174 | | |

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|---|---|---|---|---|
| C 174 | Continued From page 2<br>This Rule is not met as evidenced by:<br>The manual pull station in the kitchen is broken and will not close properly. Have a qualified individual repair or replace the broken pull station. | C 174 | | |