

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/11/2015
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NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 101 COUNTRY TIME LANE LEICESTER, NC 28748
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(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 Glenn Hoppin A Biennial Follow-up Survey was conducted on February 11, 2015 starting at 9:00AM and ending at 9:45AM. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies that were observed are as follows:	{C 000}		
{C 115}	Construction-Consult Local BI for Permits SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements. This Rule is not met as evidenced by: On the rear of the facility an outside utility building has been converted into an assembly hall. The building is being heated with 3 kerosene heaters and 5 gallons of kerosene was being stored in the building. The building has no smoke detectors or fire extinguishers. Also several dropcords were observed in the facility to power lights and the sound system. The utility building is less than 8 feet from the facility. The entry ramps into the building do not meet family care home rules or the North Carolina State Building Code. Cease using the building immediately and consult with the local building official, the local fire official and the DHSR Construction section to determine what changes and improvements will be required to use the building as an assembly hall. Obtain all necessary permits and submit copies of all	{C 115}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 115}	Continued From page 1 permits, approvals, invoices, and any other supporting documentation to the DHSR Construction Section. 02/11/2015-GH- At the time of our survey a walk thru was conducted through the utility building, at this time we discovered that the kerosene heaters and kerosene storage cannisters had been removed, the issue with supports; integrity of the electrical wiring wall and ceiling finishes and building classification are still in question, we are awaiting a ruling from the local Building Official that this dwelling meets the minimum requirements as an Assembly Occupancy as clissified by the North Carolina State Building Code!	{C 115}		