PRINTED: 03/17/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL076031	A. BUILDING: 01 B. WING _____	03/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB II	4011 OLD COURTHOUSE ROAD SOPHIA, NC 27350

(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 Paul Dixon DHSR Construction Section conducted a Biennial Survey on March 17, 2015 from 10:45 AM to 12:05 PM AM at the above referenced facility. DHSR records indicate the home was first licensed on December 14, 1988 as a Family Care Home for four (4) residents. On May 8, 2006, a capacity increase was approved. The facility is currently licensed for five (5) ambulatory Residents (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 1984 "Rules for Family Care Homes minimum and desired standards and regulations" with 1987 revisions, the applicable portions of the the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 9) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION APR 08 2015 RECEIVED	
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.	C 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Leslie Bullock — Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL076031	A. BUILDING: 01 B. WING _____	03/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB II	4011 OLD COURTHOUSE ROAD SOPHIA, NC 27350

(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 174	Continued From page 1 This Rule is not met as evidenced by: 1. In the kitchen range hood, the filters are greasy, have the filters cleaned or replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction. 2. The exhaust duct for the clothes dryer is crushed. Have the dryer duct replaced. Also, there is clothing and lint behind the dryer. Have the clothing and lint cleaned out. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	C 174	10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT C174 1. The kitchen range hood filter has been changed. Enclosed is photo of new filter and invoice of purchase. Supervisor will be instructed to monitor closely and Keep record of times monitored and any measures Needed to keep filter free of grease build-up.	4/3/15
W 163	Emergency Egress 10 NCAC 27G .0301. COMPLIANCE WITH BUILDING CODES (b) Each facility operating under a current license issued by DHSR upon the effective date of this Rule shall be in Compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated. Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44 inches above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the	W 163	2. Exhaust duct for the clothes dryer has been replaced. Dust and lint cleaned from floor and wall cleaned and painted behind dryer. Invoice of purchase enclosed. When dryer or any equipment is needed to be repositioned for repair, supervisor will monitor To assure it is re-positioned properly and no hoses Are caught and crushed.	4/3/15

PRINTED: 03/17/2015
FORM APPROVED

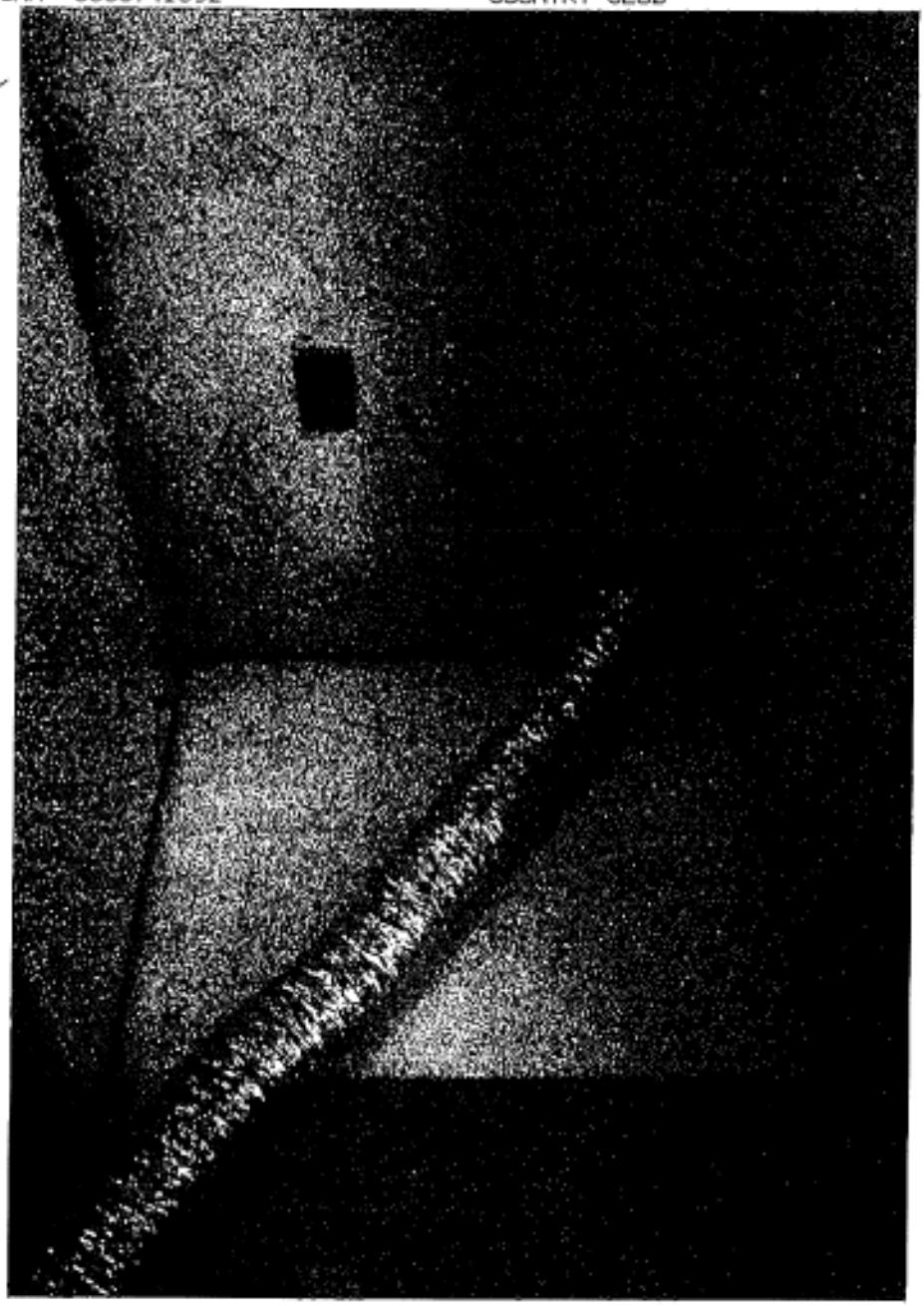
Division of Health Service Regulation

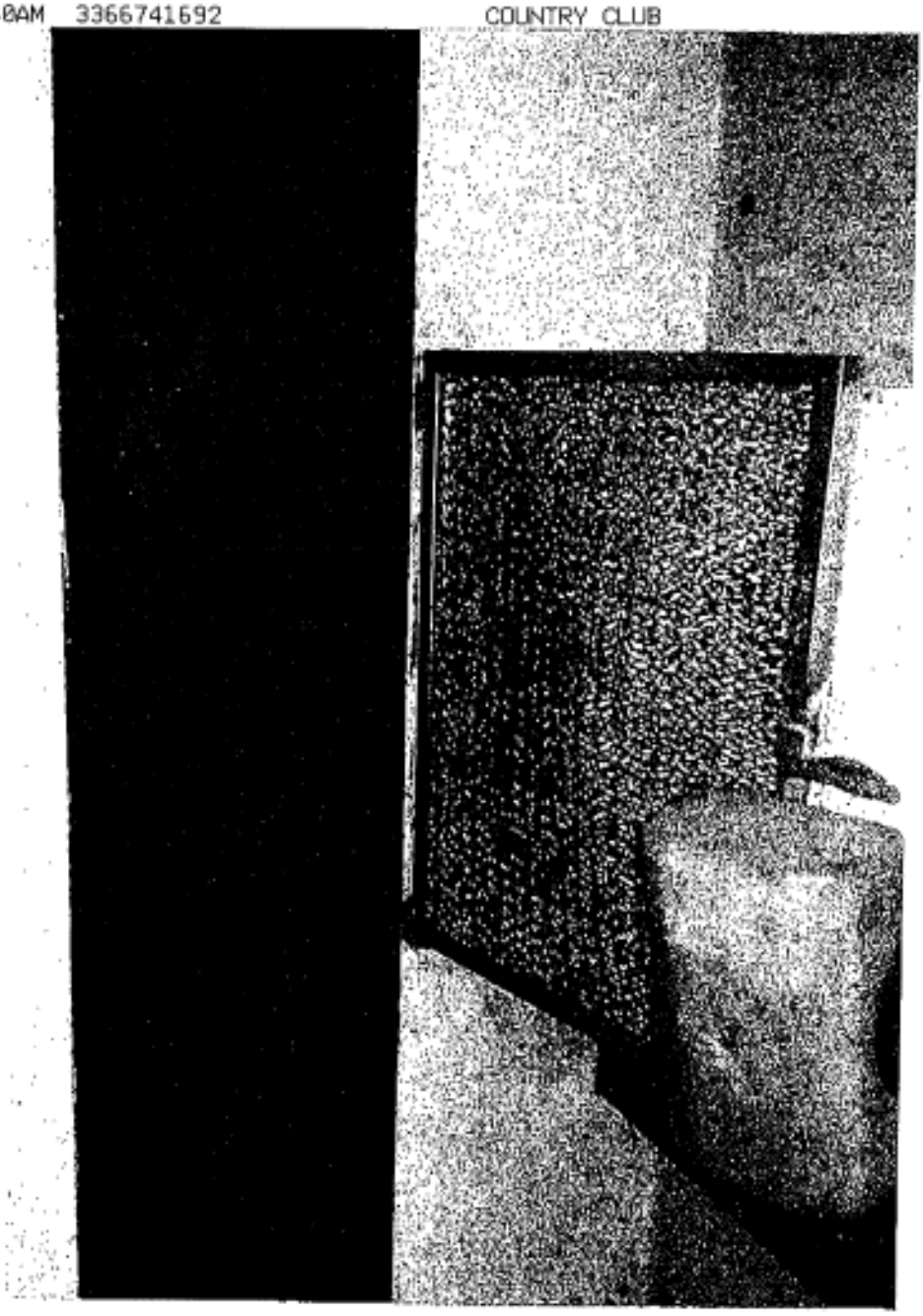
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL076031	A. BUILDING: 01 B. WING _____	03/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB II	4011 OLD COURTHOUSE ROAD SOPHIA, NC 27350

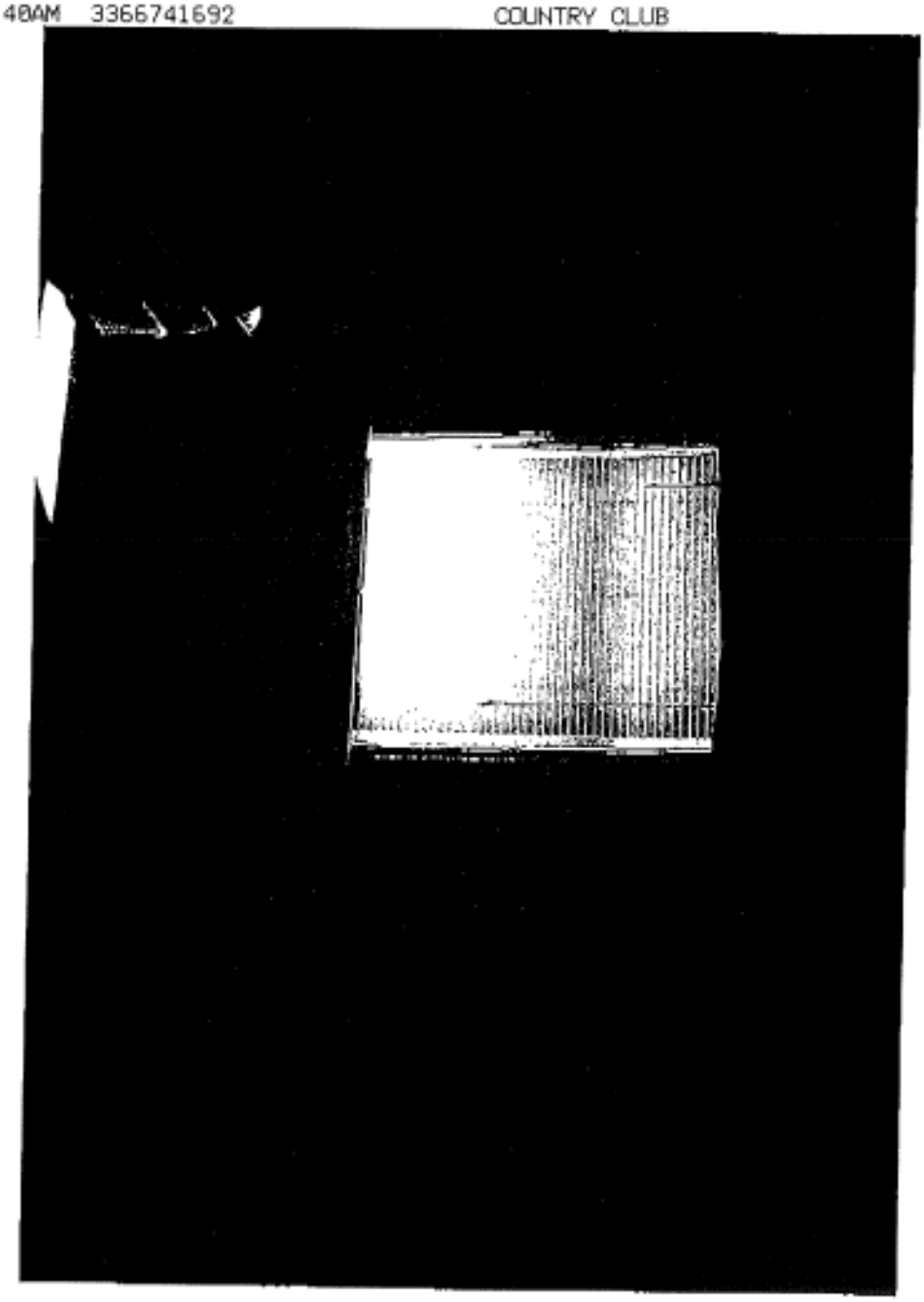
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 163	Continued From page 2 previous Residential Building Code the requirements allowed for a sill height of 48 inches and an opening of 432 square inches in area with a minimum dimension of 16 inches.)\ This Rule is not met as evidenced by: In the front bedroom next to the living room, the only window in the room has a window air conditioner installed. Remove the air conditioner from the window to allow free access in case of emergency. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	W 163	10NCAC 27G .0301 COMPLIANCE WITH BUILDING CODES W 163 1. Window air conditioner has been removed from window. It was there when home was purchased but I realize it needs to be removed. Picture is enclosed. Windows will be kept free of air conditioners. This will be monitored by supervisor.	4/3/15

Country Club
1324 Coltrane Mill Road
Randleman, NC 27317





1324 Cottrane Mill Road
Randleman, NC 27317



Country Club
1324 Coltrane Mill Road
Randleman, NC 27317