

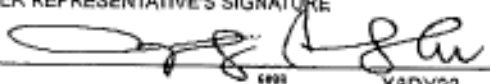
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011196	(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 #11	STREET ADDRESS, CITY, STATE, ZIP CODE 351 FAMILY RIDGE ROAD 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
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(C 000)	Initial Comments  Report by Glenn Hoppin  A Complaint Follow-up Survey was conducted on February 11, 2015 starting at 11:15AM and ending at 11:45AM. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.	(C 000)	CONSTRUCTION SECTION MAR 30 2015 RECEIVED		
C 161	Housekeeping-Land Line Phone  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (12) have at least one telephone that does not depend on electricity or cellular service to operate. (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: 1.) At the time of survey it was observed that there is no landline phone in the facility. Install a landline phone in the facility that does not depend on electrical or cellular service to operate.	C 161		Provided Landline phone - 3/22/15	
(C 170)	Fire Safety-Any Other City Ordinances  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.  This Rule is not met as evidenced by: A joint fire drill was conducted with the Buncombe County Fire Marshals office, DSS, and the DHSR	(C 170)			

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 3/27/15

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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 170}	<p>Continued From page 1</p> <p>Construction Section. The live drill was conducted by the staff and 911 was called as part of the drill.</p> <p>The following conditions were observed</p> <ol style="list-style-type: none"> <li>1.) During the drill the 911 dispatcher was unable to understand the staff member calling, because the staff member speaks only Korean.</li> <li>2.) When the power was turned of to the facility the smoke detectors, the phones, and the wander alarm did not function.</li> </ol> <p>Based on these facts the Buncombe County fire Marshall is requiring an addressable monitored fire alarm system that will tell emergency responders what the emergency is and where to respond. Obtain bids for a monitored addressable fire alarm system and provide the Buncombe County Fire Marshals office and the DHSR Construction section with a set of installation drawings for approval before installing the system. Provide the DHSR Construction section with copies of all permits, plans, invoices, and any other supporting documentation when the system is complete. Contact the Fire Marshals office and the DHSR Construction section for final approval after installation.</p>	{C 170}	<p>Commercial Fire alarm Company will submit the plan to the fire Marshall &amp; will be installed next week</p>	<p>3/30 -3/31.</p>