

To: 919-733-6592

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FORM APPROVED

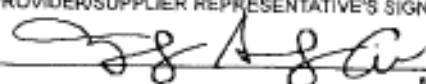
Division of Health Service Regulation

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 07/16/2015
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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 DHSR Construction Section conducted a biennial Survey on July 16, 2015 from 11:30am until 12:30 pm 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. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	<p>CONSTRUCTION SECTION AUG 12 2015 RECEIVED</p>	
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. This Rule is not met as evidenced by: 1. The electrical boxes from the original fire alarm	C 174		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	DATE 8/11/15
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
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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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C 174	<p>Continued From page 1</p> <p>system are uncovered. Have a qualified technician cover all open electrical boxes. Provide documentation to the DHSR Construction section when all work is complete.</p> <p>2. The fascia board on the exterior of the building has wood pecker damage and some wood rot. Have a qualified individual repair or replace the fascia board. Provide documentation to the DHSR Construction section when all work is complete.</p> <p>3. There is vegetation growing on the front of the building. Remove the vegetation. Provide documentation to the DHSR Construction section when all work is complete.</p> <p>4. The backdraft damper for the dryer is crushed on the exterior of the building. Have a qualified technician repair or replace the damaged backdraft damper. Provide documentation to the DHSR Construction section when all work is complete.</p>	C 174	<p>Covered all open electrical boxes</p> <p>Will be repaired the fascia board on the exterior of the building.</p> <p>Removed vegetation</p> <p>Repaired the damaged backdraft damper</p>	<p>8/13/15</p> <p>8/20/15</p> <p>8/10/15</p> <p>8/10/15</p>
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