

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/30/2015
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NAME OF PROVIDER OR SUPPLIER  TORE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712
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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	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on April 30, 2015 from 1:00pm to 2:30 pm at the above referenced facility. DHSR records indicate the home was first licensed on April 24, 2006 as a Family Care Home for six Residents 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2002 North Carolina State Building Code - Building Code - Section 421.4 - Small non-ambulatory Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: The light switch in bathroom 1 is broken. Have a qualified technician repair or replace the broken light switch. Provide the DHSR Construction Section with documentation confirming the repair.</p>	C 174	<p>ELECTRICIAN CALLED SAME DAY TO REPRT SWITCH. REPAIRED/ REPLACED ON 5/4/15</p>	<p>5/4/15</p>

CONSTRUCTION SECTION  
AUG 17 2015  
RECEIVED

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE OPERATIONS MGR	(X6) DATE 7/6/15
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORRE'S HOME #3**

**65 TORRE'S DRIVE  
BREVARD, NC 28712**

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