

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
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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 Rick Benton</p> <p>DHSR Construction Section conducted a Biennial Survey on October 09, 2015 from 12:15pm to 1:30pm at the above referenced facility. DHSR records indicate the home was first licensed on June 11, 2012 as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). On August 27, 2015, the home was granted a capacity increase from five (5) to six (6) 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</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: 1) During the survey, it was observed that the</p>	C 174		

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

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C 174	<p>Continued From page 1</p> <p>kitchen range hood and the fan filter were greasy. Arrange for someone to clean the range hood and purchase a new fan filter and install it per the manufacturer ' s guidelines. Provide to our office a copy of the receipt for the fan filter purchase and a picture of the cleaned range hood for verification of the completed work..</p> <p>2) During the survey, it was observed that the GFCI in the main hallway bathroom was connected but it did not trip and indicated it was HOT/NEUTRAL/REVERSE. Contact a qualified technician to make the necessary corrections to the outlet and ensure it does trip when tested. Provide to our office a copy of the receipt from the qualified technician for verification of the completed work.</p> <p>3) During the survey, it was observed that the grab bar located beside the toilet was loose. Contact a qualified technician to make the necessary adjustments to the grab bar and ensure it is secured to the wall. Provide to our office a copy of the receipt from the qualified technician for verification of the completed work.</p>	C 174	<p>Kitchen Range has been replaced with a new unit.</p> <p>GFCI Has has been corrected by Electrician.</p> <p>Grab bar has been lighten and reinforced to the wall</p> <p><i>D. Darden</i></p>	<p>12/30/15</p> <p>12/30/15</p> <p>12/30/15</p>
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