

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2016
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NAME OF PROVIDER OR SUPPLIER GREENE HAVEN FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 STONEY POINT ROAD SHELBY, NC 28150
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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 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>A Biennial Survey was conducted on January 15, 2016. Based on documentation from our files this home was first licensed or submitted for licensure on August 1, 1985 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 1984 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 1978 North Carolina State Building Code - Section 409.1(g) - 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. Observations revealed that the smoke detector is missing from its base in the staff bedroom. Have a qualified alarm technician replace the missing smoke detector from its base. Provide copies of invoices to the DHSR Construction</p>	C 174		

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

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C 174	<p>Continued From page 1</p> <p>Section when this item is completed.</p> <p>2. Observations revealed that the fire alarm control panel did not display a trouble condition with a missing smoke detector in the staff bedroom. This indicates that the fire alarm system is not properly supervising all of the initiation devices. Have a qualified alarm technician do a full NFPA 72 fire inspection on all alarm devices. Provide a copy of the inspection report to the DHSR Construction section.</p> <p>3. Observations revealed that the fire extinguishers were last inspected in December of 2014. Have a qualified technician inspect the fire extinguishers.</p> <p>4. Observations revealed an open slot in the electrical circuit breaker panel. Have a qualified technician install a blank cover over the open slot in the breaker panel. Provide photo documentation to the DHSR Construction Section.</p>	C 174		