

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2016
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NAME OF PROVIDER OR SUPPLIER SOUNDVIEW ASSISTED LIVING # 3	STREET ADDRESS, CITY, STATE, ZIP CODE 178 KENDRICK COURT FLAT ROCK, NC 28731
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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>DHSR Construction Section conducted a Biennial Survey on February 26, 2016 from 10:00am until 11:30am at the above referenced facility. DHSR records indicate the home was first licensed on July 25, 1997 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential 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: Observations revealed that the fascia is rotted and the paint is peeling. Have a qualified technician repair or replace and paint the fascia.</p>	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	Continued From page 1 Submit photo documentation to the DHSR Construction section when this is complete.	C 174		