

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
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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	<p>See Attached Invoice Smoke Detector repaired</p>	<p>2/11/16</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deegette Johnson TITLE: Administrator

STATE FORM 8899 WXNF21 (X6) DATE: 2/15/16

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NAME OF PROMDER OR SUPPLIER GREENE HAVEN FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 STONEY POINT ROAD SHELBY, NC 28150
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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	<p>See Attached Reports - All fire alarm devices inspected</p> <p>See Attached Invoice Annual Inspection performed</p> <p>Breaker panel Blank installed in open slot</p>	<p>2/11/16</p> <p>2/11/16</p> <p>2/11/16</p>
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TOMA Fire Protection Equipment

PO Box 2793

Shelby, NC 28151-2793

Invoice

Date	Invoice #
2/11/2016	2081

Bill To
Green Haven Family Care 1833 Stoney Point Rd. Shelby, NC 28152

Ship To
Green Haven Family Care 1833 Stoney Point Rd. Shelby, NC 28152

P.O. Number	Terms	Ship Date	Due Date	Ticket #	Project
GH-100	Net 30	TJ	3/11/2016		fire alarm

Quantity	Item Code	Description	Price Each	Amount
1	248	Annual fire alarm system inspection (security panel)	150.00	150.00
1	248	Annual fire alarm system inspection (fire alarm panel)	150.00	150.00
1	150	Service labor - to repair smoke detector in staff bedroom	50.00	50.00
2	112	Annual Fire Extinguisher Inspection	5.00	10.00
		Sales Tax	7.00%	0.00

Thank you for your business.

Total \$360.00

Toma Fire Protection Equipment, Inc.

FIRE ALARM SYSTEM TEST AND INSPECTION REPORT

CUSTOMER Green Haven Family Care

DATE 2/11/16

ADDRESS 1833 Stoney Point Rd.

CITY, STATE Shelby, NC

PHONE 704-435-8044 ZIP 28152

TYPE OF TEST

- ANNUAL
- SEMI-ANNUAL
- OTHER
- QUARTERLY
- MONTHLY

SUPERVISING AGENCY

- FIRE DEPARTMENT
- POLICE DEPARTMENT
- CENTRAL STATION
- OTHER

TEST SCHEDULE

AGENCY CONTACT Time Warner PHONE NO. _____
 CUSTOMER CONTACT Georgette Johnson PHONE NO. 460-4072

EQUIPMENT SUMMARY CHECK LIST:

EQUIPMENT MANUFACTURER Ademco

FINAL SUMMARY

- ALL MANUAL STATIONS OPERATE AS SPECIFIED
- ALL RESTORABLE DETECTORS OPERATE AS SPECIFIED
- ALL SIGNALS OPERATE AS SPECIFIED
- ALL REMOTE DEVICES OPERATE AS SPECIFIED

COMMENTS:

All Devices Function normal

ITEM	QTY.	✓	COMMENTS
ALARM PANEL(S)	1	✓	Vista 10 SE
MANUAL STATIONS CODED			
MANUAL STATIONS NON CODED			
RATE OF RISE HEAT DET.			
FIXED TEMP HEAT DET.			
IONIZATION SMOKE DET.			
PHOTO ELECTRIC SMOKE DET.	1	✓	System Sensor
DUCT SMOKE DET.			
HORNS			
HORN/STROBES			
STROBES			
BELLS			
SMOKE DAMPER			
SUPPRESSION PANEL			
DOOR HOLDERS			
BATTERIES OR EMERGENCY SUPPLY	1	✓	12V. 4AH
WATERFLOW SWITCHES			
TAMPER SWITCHES			
<u>Annunciator/Remote</u>	1	✓	Ademco

TECHNICIAN: Jay Johnson
 CUSTOMER REPRESENTATIVE:

Georgette Johnson

