

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL060135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/16/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNLIMITED POSSIBILITIES # 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13931 THOMPSON ROAD</b> <b>MINT HILL, NC 28227</b>
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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}	Initial Comments  Report by Paul Dixon  DHSR Construction Section conducted a Biennial Follow-Up Survey on February 16, 2017 from 12:20 PM to 12:50 PM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of this survey, the magnetic lock on the exit door from the mud room was not working. A chair was under the door knob to prevent entering or exiting. Have the locks repaired. Provide documentation of the repairs in the form of receipts or work orders.  02/16/2017-PD: Based on observations during the Follow-up Survey, this has not been corrected. NOTE: As per a phone conversation between this surveyor and the Fire Alarm Company representative, the part for the door was on order and should arrive in 1-2 working days. Provide the DHSR Construction section with copies of all invoices, work orders, and any other supporting documentation concerning this repair.	{C 174}		

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

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