STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
		B. WING		09/	09/07/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	IATE, ZIP CODE		
ABUNDA	NT LIVING # 2	3816 CH ELON, N	ERRY GROVE C 27244	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Paul Dixon					
	Survey on Septemb 11:15 AM at the ab records indicate the September 30, 201 six (6) ambulatory for respond and evacue verbal assistance of emergency). Based requiring the home the following: the 20 Family Care Home State Building Code Care Homes.	n Section conducted a Biennial ber 7, 2017 from 10:00 AM to ove referenced facility. DHSR e home was first licensed on 4 as a Family Care Home for Residents (Who are able to hate without any physical or during a fire or other d on this information we are to maintain compliance with 005 Rules 10A NCAC 13G for s, the 2012 North Carolina e - Section 425.2 - Residential isit, we cited deficiencies that ble plan of correction. They				
C 117	SECTION .0300 - 1 10A NCAC 13G .03 CONSTRUCTION (n) The home sha fire and building sa	BO2 DESIGN AND Il have current sanitation and fety inspection reports which I in the home and available for	C 117			
	1.) The Licensure	Rules require that Fire and ons be available for review.				
	Findings Include:					
	Fire and Sanitation be located during th ealth Service Regulation	Inspection reports could not ne survey.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL017056	B. WING		09/07/2017		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BUNDA	ANT LIVING # 2		ERRY GROVE C 27244	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 117	Continued From page 1		C 117				
	Effect:	Effect:					
	Failure to verify compliance with Fire and Sanitation requirements may result in hazards to Residents and Staff safety and well being.						
	Directive:						
		ne most current Fire and on Reports along with you Plar					
C 159	Housekeeping-Curtains, Blinds, Res. Privacy		C 159				
	FURNISHINGS (a) Each family ca (9) have curtains, in resident use area privacy;	HOUSEKEEPING AND	3				
		et as evidenced by: are Home shall have curtains, windows in Resident use					
	Findings Include:						
		urvey it was observed that the he first bedroom and 3rd maged.					
	Effect:						
	Damaged blinds pr	event privacy of the clients.					

F72I21

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL017056	B. WING		09/	07/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	NT LIVING # 2		ERRY GROVE C 27244	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 159	Continued From pa	ge 2	C 159			
	Directive:	Directive:				
	completion of work	inds replaced. Upon provide for our records all opies of receipts for the work				
C 174	Building Equipment Maintained Safe, Operating		C 174			
	EQUIPMENT (a) The building and mechanical, and plut care home shall be operating condition	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
		et as evidenced by: Imbing and Electrical Systems d in an operational condition.	5			
	Findings Include:					
		e survey the latest inspection larm System was not				
	Effect:					
		the Fire Alarm System residents and staff alike.				
	Directive:					
		ne latest Fire Alarm System th your Plan of Correction.				

		A. BUILDING: ((X3) DATE SURVEY COMPLETED 09/07/2017		
FCL017056		B. WING			
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	• • • •	
NT LIVING # 2		ERRY GROVE 27244	ROAD		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLET DATE
Continued From page 3		C 174			
Upon completion of work, provide for our records all photographs and copies of receipts for the work performed.					
2. At the time of the survey it was observed that the toilet in the men's room outside the laundry was loose.					
Effect:					
The loose toilet could cause leaks which will damage the floor and possibly allow sewer gases to enter the facility.					
Directive:					
Upon completion of	f work, provide for our records				
Effect:					
Directive:					
completion of work	, provide for our records all				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Upon completion of all photographs and work performed. 2. At the time of the the toilet in the mer was loose. Effect: The loose toilet cou damage the floor at to enter the facility. Directive: Have a qualified teo Upon completion of all photographs and work performed. 3. At the time of the the exterior clothes clogged with lint Effect: The clogged flappe dryer and may pres Directive: Have the flapper as completion of work photographs and co	ELON, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Upon completion of work, provide for our records all photographs and copies of receipts for the work performed. 2. At the time of the survey it was observed that the toilet in the men's room outside the laundry was loose. Effect: The loose toilet could cause leaks which will damage the floor and possibly allow sewer gases to enter the facility. Directive: Have a qualified technician re-secure the toilet. Upon completion of work, provide for our records all photographs and copies of receipts for the work performed. 3. At the time of the survey it was observed that the exterior clothes dryer flapper assembly was clogged with lint Effect: The clogged flapper affects the efficiency of the dryer and may present a fire hazard. Directive: Have the flapper assembly cleaned out. Upon completion of work, provide for our records all photographs and copies of receipts for the work performed.	SUMMARY STATEMENT OF DEFICIENCIES ID REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 174 Continued From page 3 C 174 Upon completion of work, provide for our records all photographs and copies of receipts for the work performed. C 174 2. 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F72I21