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Г	Divisio	n of Health Service R	tegulation			PRINT	ED: 03/20/20 RM APPROVE	18 D	
	SIALEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DA	(X3) DATE SURVEY COMPLETED		
ŀ	FCL092080			B. WING			03/14/2018		
l	NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE		7 1-17 <u>20 10</u>	_	
L	POOLE	ROAD FAMILY CARE	HOME 5818 POO	DLE ROAD I, NC 27610	•				
	(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	HIDDE COUNTY		E	
	C 153	Continued From page 1		C 153				_	
		door was missing, maintained in good	This rule requires the walls be condition.				4-5-18	Ş	
		in the right rear bath	e survey it was observed that nroom, the wall to the right of g paint. This rule requires the lin good condition.						
	C 174	Building Equipment	Maintained Safe, Operating	C 174					
		EQUIPMENT (a) The building an mechanical, and plu care home shall be a operating condition.	HE BUILDING 17 BUILDING SERVICE d all fire safety, electrical, mbing equipment in a family maintained in a safe and apply to new and existing						
		working. This rule re	t as evidenced by: survey it was observed that in range hood was not equires the mechanical ntained in an operating				H-12-18		
		in the right side rear :	survey it was observed that bathroom, one of the faucet was missing. This rule g equipment to be rating condition.				H-1748		
	C 183	Outside Premises-Cl	ean, Safe	C 183					
		(a) The outside grou family care hornes sh	IE BUILDING 8 OUTSIDE PREMISES inds of new and existing all be maintained in a clean						
ris	ion of He	alth Service Regulation				ļ		ı	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED FCL092080 B. WING NAME OF PROVIDER OR SUPPLIER <u>0</u>3/14/2018 STREET ADDRESS, CITY, STATE, ZIP CODE POOLE ROAD FAMILY CARE HOME 5818 POOLE ROAD RALEIGH, NC 27610 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X5) COMPLET PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY C 000 Initial Comments C 000 Report by Paul Dixon DHSR Construction Section conducted a Biennial Survey on March 14, 2018 from 8:50 AM to 11:05 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 1, 1984 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1977 "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, the 1978 North Carolina State Building Code -Section 409.1(g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 153 Houskeeping And Furnishings-Clean, Repaired C 153 SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND **FURNISHINGS** (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (a) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that in the right rear bathroom, the plumbing access Division of Health Service Flegulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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STATEME	of Health Service R INT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FORM	APPROV.	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3: 01		(X3) DATE SURVEY COMPLETED	
		FCL092080	B. WING	004	03/14/2018		
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY,	STATE, ZIP CODE	I U3/1-	4/2018	
POOLE	ROAD FAMILY CARE	HOME 5818 PO	OLE ROAD				
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DECIDIENCIES	H, NC 27610				
TAG	THE STATE OF L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE EAPPROPRIATE	(X5) COMPLETI DATE	
C 183	Continued From pa	ge 2	C 183 1		Į.		
	and safe condition.		-	I will have to gi	ve this	5-1-12	
	This Rule is not me	et as evidenced by:		1016 OF ti Cleuco	1 to home		
į	 At the time of the 	SUIVEY it was observed that		I conver to wake	repairs 1		
	the awning over the windows of bedroom #2 was damaged. The rule requires that the facility be maintained in a clean and safe condition.			Mus Jeffen	5 for 1		
į				the awning.	_ , .0.		
	2. At the time of the survey it was observed that over the windows of bedroom #2, there was a				Porce		
į	note in rite toot tasci	ia. The rule requires that the d in a clean and safe		2. Home owner (hole in the roo	s f.		
	nie nour milidów sill (survey it was observed that of the staff bedroom was lires that the facility be n and safe condition.			1	-3618	
1 4	For all deficiencies lis documentation of cor photographs, receipts	Dipleted work in the form of					
C	All deficiencies listed on-site staff during the	above were discussed with e exit interview.					
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į							
of Healt	h Service Regulation				[