



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

May 8, 2018

Linda Isaacs-(via e-mail only)
P O Box 27
Marion, NC 28752

RE: Wintergreen Assisted Living - FC Biennial Survey
323 Fleming Avenue
Marion McDowell County
FID #921363 Fcl059028

Dear Ms. Isaacs:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on April 4, 2018. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by May 23, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by May 23, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by May 23, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Luis Padilla

Luis Padilla

Architectural/Engineering Technician

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
McDowell County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 323 FLEMING AVENUE MARION, NC 28752
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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 Luis Padilla DHSR Construction Section conducted a Biennial Survey on April 4, 2018 from 9:05 AM to 11:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 7, 1998 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate 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 Family Care Rules T10:42C; the 2005 Applicable portions 10A NCAC 13G for Family Care Homes; the 1991 North Carolina State Building Code - Section 514.1 Exception #1 - Residential Care Homes At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1.) The rule requires; The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. At the time of the survey it was observed that	C 117		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Doob Harvey - Administrator

5/22/18

8899

B08T21

If continuation sheet 1 of 10

Photos to be sent IN separate email.

DNH

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 6
Date of Insp/Chg: 05 / 21 / 2018
Status Code: A

Health Department 59 McDowell
Current Facility ID 1059430018
Old Facility ID

Water Supply: [X] Municipal/Community [] On-Site Supply
Wastewater: [X] Municipal/Community [] On-Site System
Water sample taken today? [X] Inspection [] Name Change
[] Re-inspection [] Verification of Closure
[] Visit [] Status Change

Name of Establishment: WINTERGREEN FAMILY CARE HOME
Permittee: LINDA ISAACS

Location Address: 323 FLEMING AVE.
Number of Residents: 6

City: MARION State: NC Zip: 28752 Mailing Addr. 323 FLEMING AVE.

Classification
[X] Approved (20 or less demerits, and no 6-point demerits) [] Disapproved (More than 40 demerits or failure to improve provisional classification)
[] Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

City: MARION State: NC Zip: 28752

Demerits Comments

- 1. WATER SUPPLY: Public supply; private supply approved 6 (1611)
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (1613)
3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (1619)
Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below; or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (1620)
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (1618)
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (1621)
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (1612)
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (1611)
8. TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (1610)
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (1617)
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (1616)
11. FLOORS: In good repair 1; kept clean 2 (1607)
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (1608)
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (1609)
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 (1615)
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (1614)

** SEE COMMENT SHEET ATTACHED **

Comment Sheet Attached

[X] Yes [] No

Kept Received TOTAL DEMERIT SCORE 6

Inspection by: Elizabeth Asawachoenkun EHS ID # 2653 - Asawachoenkun, Elizabeth

COMMENT ADDENDUM

Name: WINTERGREEN FAMILY

Time In: 09 : 30

ID: 1059430018

Time Out: 10 : 30

Street: 323 FLEMING AVE.

Total Time: 1 hr 0 minutes

City: MARION

- 9 Kitchen shelves have minor dust build-up. Underneath couch cushions have soil residue. The shower chair in one bathroom has visible minor pink slime build-up. --- .1617(a) All furniture, mattresses, curtains, draperies, and other furnishings shall be kept clean and in good repair. CLEAN KITCHEN SHELVING CORNERS, UNDERNEATH COUCH CUSHIONS, AND THE SHOWER

- 11 Floors under some beds, and in some rooms are visibly soiled. --- .1607 All floors shall be easily cleanable and shall be kept clean and in good repair. CLEAN FLOORS UNDERNEATH BEDS.

- 13 One of the bathroom showers is dim and does not have adequate lighting. --- .1609(a) All rooms shall be well lighted by natural or artificial means. INSTALL ANOTHER LIGHT FIXTURE IN THE BATHROOM SO THAT THE SHOWER IS NOT DIM.

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NAME OF PROVIDER OR SUPPLIER WINTERGREEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 323 FLEMING AVENUE MARION, NC 28752		
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C 117	Continued From page 1 staff were unable to present a current sanitation inspection report on site. This does not meet the intent of the rule. Based on our findings make arrangements to have a current sanitation report on site and a copy sent to the DHSR Construction Section as verification of compliance.	C 117	<p style="font-size: 1.2em;"><i>CURRENT SANITATION Report 5/21/18 is on site AND A copy is enclosed for Review.</i></p> <p style="font-size: 1.2em;"><i>Dresser has been Removed from the emergency exit Path - see photo of Area</i></p>	
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1.) The rule requires; all entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. At the time of the survey it was observed that in the Staff Bedroom, a dresser impeded the staff member path of emergency egress through the window. In the event of an emergency situation, staff will have trouble exiting the home. Based on our findings make arrangements to have the dresser moved to another area of the room that will not impede the staff's path of emergency egress. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.	C 148		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING	C 153		

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C 153	<p>Continued From page 2</p> <p>10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) The rule requires; have walls, ceilings, and floors or floor coverings kept clean and in good repair:</p> <p>At the time of the survey it was observed that the carpet in Bedroom #4 was torn by the door. If left unattended, more of the carpet will unravel and create a trip hazard to residents and staff of the home.</p> <p>Based on our findings make arrangements to have the affected area repaired. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.</p>	C 153	<p>The CARPET by door IN Bedroom #4 has been scheduled to be repaired see copy of INVOICE scheduled work to be started on 5/24/18</p>	5/28/18
C 169	<p>Fire Safety-Smoke Detectors</p> <p>SECTION .0300 - THE BUILDING</p> <p>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.</p>	C 169		

CAROLINA INTERIORS FLOORING
 OUTLET, INC.
 (828) 652-8771
 2035 RUTHERFORD ROAD

Invoice

Date	Invoice #
5/15/2018	27729

Bill To
WINTERGREEN GROUP HOME P.O. BOX 909 323 FLEMMING AVE. MARION, N.C. 28752 652-3988

Ship To

P.O. No.	Terms	Rep	Project
	PAYMENT W/ O...	TOBY	

Item	Description	Qty	Rate	Class	Amount
CAD15OLDHICKA153D3	CAVALIER STYLE: CADABRA C210 COLOR: OLD HICKORY #2106 15 FT WIDE 3/4" X 1" REPEAT BROWN/TAUPE MINGLED	210	0.99	JOB MATE...	207.90T
7/16" 6LB PAD	7/16" 6 LBS REBOND CARPET PAD [270 sq.ft. per roll]	210	0.44	JOB MATE...	92.40T
MOVE FURNITURE LABOR	MOVING FURNITURE - NOT SMALL STUFF	210	0.40	LABOR	84.00T
CARPET TAKE UP CPT. LABOR	TAKING UP EXISTING CARPET INSTALLATION OF CARPET BY REGULAR STRETCH	210 210	0.45 1.00	LABOR LABOR	94.50T 210.00T
GENERAL LABOR	* LABOR TO REMOVE OLD CARPET AND USE TO PATCH THE LAST BEDROOM ON THE RIGHT IN THE SEAM TO THE DOOR. INSTALLATION DATE SCHEDULED 5/24/18	1	90.00	LABOR	90.00T

THANK-YOU FOR YOUR BUSINESS	Subtotal	\$778.80
	Sales Tax (6.75%)	\$52.57
	Total	\$831.37
	Payments/Credits	\$0.00
	Balance Due	\$831.37

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C 169	Continued From page 3 Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.) The rule requires; U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement: At the time of the survey we were unable to verify if a heat detector was installed in the attic space. This is not compliant with the rule. Based on our findings make arrangements to have a heat detector installed in the attic. Once completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 169	<i>SECURITY UNLIMITED FROM MORRISTON NC WAS CALLED. THEY WERE ABLE TO VERIFY THAT THERE WAS INDEED A HEAT DETECTOR IN THE ATTIC AND THAT IT WAS WORKING SEE PHOTO SUPPLIED THE HEAT DETECTOR HAD ALREADY BEEN IN PLACE AT TIME OF THIS INSPECTION</i>	<i>5/16/18</i>
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1.) The rule requires; There shall be at least four	C 172		

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C 172	<p>Continued From page 4</p> <p>rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved:</p> <p>At the time of the survey it was observed that the staff was not performing fire drills between the hours of 10 PM and 7AM. This does not comply with the rule.</p> <p>Based on our findings make arrangements to perform fire drills at these times as well. Once completed provide documentation of the work to the DHSR Construction Section as verification of compliance.</p> <p>2.) The rule requires; There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved:</p> <p>At the time of the survey it was observed that during fire drills, staff yells "FIRE" instead of setting off the smoke detectors. This is a violation of fire code and does not meet the intent of the rule.</p> <p>Based on our findings make arrangements to perform fire drills by setting off the smoke detectors of the home. Once completed provide documentation to the DHSR Construction Section as verification of compliance.</p>	C 172	<p>STAFF HAVE BEEN INSTRUCTED to perform Fire Drills between 10pm & 7AM. They understand they ARE to do At least 4 per year.</p> <p>STAFF HAVE BEEN INSTRUCTED to set off smoke Detectors during Fire Drills</p>	<p>6/1/18</p> <p>6/1/18</p>

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NAME OF PROVIDER OR SUPPLIER
WINTERGREEN ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**323 FLEMING AVENUE
MARION, NC 28752**

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C 174	Continued From page 5	C 174		
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.) The rule requires; all fire safety equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that the fire extinguishers throughout the facility were not being maintained on a monthly basis. It is requires for staff to perform a "quick check" on theses devices to verify they will be functional in the event of an emergency situation.</p> <p>Based on our findings make arrangements to inspect these devices on a monthly basis. Once completed provide documentation of the work to the DHSR Construction Section as verification of compliance.</p> <p>2.) The rule requires; all fire safety equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that a fire extinguisher in the kitchen was placed on the floor by the refrigerator. This a violation of the fire code as fire extinguishers are required to be mounted to the wall.</p>	C 174	<p>STAFF will begin performing "Quick checks" ON FIRE EXTINGUISHERS EACH MONTH BEGINNING IN JUNE - GATEWAY FIRE + SAFETY PERFORMED CHECKS ON ALL FIRE EXTINGUISHERS IN MAY 2018 see INVOICE</p>	6/5/18

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C 174	Continued From page 6 Based on our findings make arrangements to have this device mounted on the wall. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance. 3.) The rule requires; all fire safety equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that smoke detectors were installed in the staff's quarters, however they were covered by plastic bags. This does not allow the device to function properly. Based on our findings make arrangements to have these bags removed so that the smoke detectors can function properly. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance. 4.) The rule requires; all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that there were missing lights in Bedrooms #2, Bedroom #4, and in the crawl space. These sockets were test to be live and present an electrical hazard. Based on our findings make arrangements to install new light bulbs. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance. 5.) The rule requires; all electrical equipment in a	C 174	Gateway safety was called Fire extinguisher has been mounted - see photo enclosed + invoice of service call Plastic has been removed from smoke detectors see photo of smoke detector Lights have been replaced in bedrooms #2 + #4 as well as crawl space see photos of #2, #4 + crawl space	5/9/18 4/4/18 4/10/18

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MARION, NC 28752**

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C 174	<p>Continued From page 7</p> <p>family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that the baseboard heater near the sink in the staff bathroom had exposed wires. This presents an electrical hazard.</p> <p>Based on our findings make arrangements to have the exposed wires properly protected. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.</p> <p>6.) The rule requires; all electrical equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that in Bathroom #2 the lower portion of the receptacle was dislodged. This creates an electrical hazard.</p> <p>Based on our findings make arrangements to have the receptacle put back in place properly. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.</p> <p>7.) The rule requires; all mechanical equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that the exhaust fan in the staff bathroom would make a loud screeching noise when turned on. This can be a sign of the motor seizing and a potential fire threat.</p> <p>Based on our findings make arrangements to have the exhaust fan replaced/repared. Once</p>	C 174	<p>BASEBOARD heater has been Repaired - please see photo of heater work by John C. Hall see Invoice</p> <p>Receptacle in Bathroom #2 has been Repaired-see photo of Receptacle + Invoice</p>	<p>5/17/18</p> <p>5/17/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER
WINTERGREEN ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**323 FLEMING AVENUE
MARION, NC 28752**

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C 174	<p>Continued From page 8</p> <p>completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.</p> <p>8.) The rule requires; all plumbing equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>At the time of the survey it was observed that the toilet in the staff bathroom was loose from the floor. This is not compliant with the rule.</p> <p>Based on our findings make arrangements to have the toilet repaired. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.</p>	C 174	<p>EXhaust FAN IN STAFF BATHROOM HAS BEEN Replaced see copy of INVOICE & Photo of completed work</p> <p>Toilet is Not loose -see Photo of toilet</p>	<p>5/17/18</p> <p>4/5/18</p>
C 183	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by: 1.) The rule requires; the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition:</p> <p>At the time of the survey it was observed that the exterior of the home had a growth of mildew. This does not meet the intent of the rule.</p> <p>Based on our findings make arrangements to have the exterior of the home treated. to remove the build up of mildew. Once completed provide photos of the work to the DHSR Construction</p>	C 183	<p>outside of home has been Pressure washed And ALL mildew HAS been Removed -see 2 Photos of outside of home</p>	<p>5/3/18</p>

JOHN C. HALL ELECTRIC

ELECTRICAL & PLUMBING CONTRACTING



- N.C. State Licensed & Insured -
828-668-7191 • cell 828-442-2161
913 Wildlife Lake Rd • Old Fort, NC 28762

Name Winters Green associated Lewis Phone 803-1322
Address 323-Flaming ave. Date 5/17/18
City/State/Zip Marion NC

JOB SITE

Labour met 15 245.00
Replacing light fixture unit on Staff Bathroom

Paul [Signature]

John C. Hall

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER WINTERGREEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 323 FLEMING AVENUE MARION, NC 28752
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C 183	Continued From page 9 Section as verification of compliance.	C 183		
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