Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
			A. BUILDING.	VI			
		FCL036025	B. WING		06/2	1/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
WALDEN	POND CARE HOME		COACH LA				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report by Glenn Ho	oppin					
	DHSR Construction Section conducted a Biennial Survey on June 21, 2018 from 10:00 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 04, 1987 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 1984 Minimum Standards and Regulations for Family Care Homes and the Applicable Portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (87 revision) North Carolina State Building Code - Section 409.1g - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:						
C 174	Building Equipment	Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing					
	1. At the time of the the windows will no	e survey it was observed that t stay up when raised. The illding and all fire safety,					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			B. WING				
		FCL036025			06/2	1/2018	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S E COACH LA	STATE, ZIP CODE			
WALDEN	POND CARE HOME		ILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 174	Continued From page 1		C 174				
	electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition. 2. At the time of the survey it was observed that the sink in the master bathroom did not work. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition. 3. At the time of the survey it was observed that there is a heavy build up of lint behind the dryer. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition.						
	the back flow exhau clogged outside wit building and all fire and plumbing equip	e survey it was observed that ust damper for the dryer is h lint. The rule requires the safety, electrical, mechanical, oment in a family care home to safe and operating condition.					
	electrical cover in the installed. The rule r safety, electrical, m equipment in a fam	e survey it was observed that ne carport is not properly requires the building and all fire rechanical, and plumbing ily care home to be e and operating condition.					
C 123	Outside Entrances/	Exits	C 123				
	.2209)	nment res/Exits (10 NCAC 42C					

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STATE FORM 6899 GT3921 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		FCL036025	B. WING		06/2	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
14/41 DE1	L DOND OADE HOME	101 OLDE	COACH LA	NE		
WALDER	I POND CARE HOME	CHERRY	/ILLE, NC 2	8021		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 123	Continued From pa	ge 2	C 123			
C 123	there are only two, from each other as b. At least one entr minimum clear widt must be a minimum eight inches. c. At least two outs residents' floor leve accessible by ramp inches of length of tentrances/exits, the remote from each of (The requirement for ground level applies one resident who not getting up or down so d. All exit door lock a single hand motion without keys. e. All entrances/exits obstructions or imprinstant use in case f. All steps, porches provided with handred. This Rule is not mean the exit doors were the rule requires all operable, by a single inside at all times were the time of the the exit doors were the rule requires all operable, by a single inside at all times were the time of the the exit time of the time of time time of the time of the time of time time of time time of time time of time time time time time time time time	the exits must be as remote reasonably possible. rance/exit door must be a h of three feet and another a clear width of two feet and side entrances/exits for the I must be at ground level or with a 1 inch rise for each 12 the ramp. If there are only two entrances/exits must be as other as reasonably possible. For the ramp at exits not at a to homes which have at least eeds personal assistance in steps.) It is must be easily operable, by on, from the inside at all times with the properties of the ramps and ramps must be rails and guardrails. Let as evidenced by: Let as	C 123			
	requires all exit doo by a single hand mo times without keys.	a dead bolt lock. The rule or locks to be easily operable, otion, from the inside at all listed above provide				
		ompleted work in the form of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) D		(X3) DATE COMP	O DATE SURVEY COMPLETED	
		FCL036025	B. WING		06/2	1/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WALDEN	WALDEN POND CARE HOME 101 OLDE COACH LANE CHERRYVILLE, NC 28021						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 123	Continued From pa	ge 3	C 123				
	photographs, receip	ots, invoices, etc.					
	All deficiencies listed above were discussed with on-site staff during the exit interview.						

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