Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		FCL013034		B. WING		08/0	3/2018					
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE CARRIAGE HOUSE OF CAREMOOR 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE						
C 000 Initial Comments			C 000									
	Report by Paul Dixon											
C 146	Survey on August 3 AM at the above refrecords indicate the June 8, 2007 as a Fnon-ambulatory Regrespond and evacuate verbal assistance demergency). Based requiring the home the following: the 20 Family Care Homes State Building Code Non-ambulatory Care At the time of our vi	I on this information we a to maintain compliance wo 005 Rules 10A NCAC 130 s, the 2006 North Carolina - Section 421.4 - Small are Facilities. Isit, we cited deficiencies ole plan of correction. The	on (6) e to or re with G for a	C 146								
C 146	SECTION .0300 - T 10A NCAC 13G .03 AND EXITS (c) At least one pri for the residents' us accessible by ramp 12 inches of length purposes of this Ru entrance/exit is one residents for vehicu any resident that me with evacuation, the		exit or each oy has nce tside	C 146								

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED						
			1,	DOILDING.									
		FCL013034	B. V	WING		08/0	3/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
THE CARRIAGE HOUSE OF CAREMOOR 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081													
(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 CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	ON SHOULD BE COMPLETE BE APPROPRIATE DATE							
C 146	Continued From page 1			146									
	This Rule is not met as evidenced by: At the time of the survey it was observed that there is only one exit at grade level. This does not meet the rule which requires 2 entrances at grade level when the facility has non-ambulatory clients.												
C 149	Outside Entrances/Exits-Handrails At Porches			149									
	AND EXITS (f) All steps, porch provided with hand. This Rule is not mode at the time of the stream covered pation does not meet the interest of the stream of the stream covered pation does not meet the interest of the stream o	B12 OUTSIDE ENTRAN nes, stoops and ramps sh rails and guardrails.	at the s										
	documentation of c photographs, receip	ed above were discussed											

6899

Division of Health Service Regulation STATE FORM