Division of Health Service Regulation

· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL092080	B. WING		07/1	? 3/2018			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
POOLE F	POOLE ROAD FAMILY CARE HOME 5818 POOLE ROAD RALEIGH, NC 27610								
(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)	_D BE	(X5) COMPLETE DATE			
{C 000}	Initial Comments		{C 000}						
	Report by Wendy C	hester							
	follow-up Survey or to 9:50 AM at the al of the previously cit	a Section conducted a Biennial a July 13, 2018 from 9:05 AM bove referenced facility. Not all ed deficiencies were corrected es were also cited; therefore, uired.							
	The remaining/new	deficiencies are as follows:							
{C 153}	Houskeeping And F	urnishings-Clean, Repaired	{C 153}						
	FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	15 HOUSEKEEPING AND							
	deficiencies have b	et as evidenced by: Il of the previously cited een verified as being , a new deficiency was cited.							
	NEW DEFICIENCY	•							
		es that each family care home floor coverings kept clean and							
		ollow-up survey the right side a soft floor in front of the							

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		FCL092080	B. WING		F 07/1	₹ 3/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
POOLE ROAD FAMILY CARE HOME 5818 POOLE ROAD							
RALEIGH, NC 27610							
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
{C 153}	Continued From pa	ge 1	{C 153}				
	Repair the subfloor substructure. Provide indicating all work p	de photos and invoices					
{C 174}	Building Equipment Maintained Safe, Operating		{C 174}				
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition. (j) This Rule shall family care homes. This Rule is not me 1. At the time of the	and all fire safety, electrical, ambing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: e survey it was observed that					
	working. This rule i	en range hood was not requires the mechanical aintained in an operating					
	20180713 - WSC						
	deficiency has not be replace the range h	on determined that this been corrected. Repair/ ood as needed. Provide s documentation for work					
{C 183}	Outside Premises-0	Clean, Safe	{C 183}				
	(a) The outside gre	THE BUILDING 118 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL092080	B. WING		F 07/1	≷ 3/2018
NAME OF PROVIDER OR SUPPLIER POOLE ROAD FAMILY CARE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 5818 POOLE ROAD RALEIGH, NC 27610						
(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 183}	This Rule is not med. At the time of the the awning over the damaged. The rule maintained in a clear 20180713 - WSC Follow-up observation deficiency remains the awning and proviof the work perform. 2. At the time of the over the windows on hole in the roof facility be maintained condition. 20180713 - WSC Follow-up observation deficiency remains the fascia and proviof the work perform. 3. At the time of the the front window sill rotted. The rule recomaintained in a clear 20180713 - WSC Follow-up observation of the work perform.	et as evidenced by: e survey it was observed that e windows of bedroom #2 was e requires that the facility be an and safe condition. Ion determined that this uncorrected. Repair/ replace vide photos as documentation led. e survey it was observed that f bedroom #2, there was a lea. The rule requires that the ed in a clean and safe Ion determined that the uncorrected. Repair/ replace lide photos as documentation led. e survey it was observed that I of the staff bedroom was puires that the facility be an and safe condition. Ion determined that this uncorrected. Repair/ replace provide photos as	{C 183}			

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