#11 To: Luis padilla.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011196 08/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 351 FAMILY RIDGE ROAD **EVERGREEN LIVING HOME #11** LEICESTER, NC 28748 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY C 000 Initial Comments C 000 Report by Luis Padilla DHSR Construction Section conducted a Biennial Survey on August 29, 2018 from 1:00 PM to 2:10 RECEIVED PM at the above referenced facility. DHSR records indicate the home was first licensed on October 16, 1997 as a Family Care Home for six OCT 1 1 2018 (6) Residents with up to three (3) non ambulatory residents (unable to respond and evacuate CONSTRUCTION SECTION without 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 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.3 -Small Residential Care facilities At the time of our visit, we cited deficiencies that require an acceptable plan of correction; all deficiencies listed below were discussed with on-site staff during the exit interview. The listed deficiencies are as follows: C 154 Housekeeping-Must Have Approved Sanitation C. 154 SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND **FURNISHINGS** (a) Each family care home shalf: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011196 08/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 351 FAMILY RIDGE ROAD **EVERGREEN LIVING HOME #11** LEICESTER, NC 28748 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 154 | Continued From page 1 C 154 1.) The rule requires each family care home shall have a North Carolina Division of Environmental Health approved sanitation classification at all times: cleaned & mahrfah 19/10/18
of wkly. by property
Maneger During our visit it was observed that there were dead flies/bugs located in the back left Bathroom of the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide to our office a new Sanitation Inspection Report along with your plan of corrections. C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) The rule requires all plumbing equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the toilet in Started change New 10/13
Toilet will be finished the steff bathroom was broken at its base. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011196 08/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 351 FAMILY RIDGE ROAD **EVERGREEN LIVING HOME #11** LEICESTER, NC 28748 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) C 174 Continued From page 2 C 174 2.) The rule requires all plumbing equipment in a family care home shall be maintained in a safe and operating condition: Buth tube patched During our visit it was observed that the in the front Bathroom, there was a hole in the tub. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 3.) The rule requires all building equipment in a family care home shall be maintained in a safe and operating condition: toilet & hand rail 10/18/18 changed During our visit it was observed that there was a loose handrail in the back right Bathroom of the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 4.) The rule requires all fire safety equipment in a family care home shall be maintained in a safe and operating condition: Fire extinguishers inspection by company 10/8/18. Will inspected monthly 10/10/18 During our visit it was observed that the Fire Extinguishers for the home were not being inspected on a monthly basis by staff. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. C 180 Building Service Equipment-Call System C 180

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Division of Health Service Regulation