

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/13/2018
--	--	---	---

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	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 Wendy Chester

DHSR Construction Section conducted a Biennial follow-up Survey on July 13, 2018 from 9:05 AM to 9:50 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected and new deficiencies were also cited; therefore, further action is required.

The remaining/new deficiencies are as follows:

{C 153} Houskeeping And Furnishings-Clean, Repaired

SECTION .0300 - THE BUILDING
10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

(a) Each family care home shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no chronic unpleasant odors;
- (3) have furniture clean and in good repair;
- (e) This Rule shall apply to new and existing homes.

This Rule is not met as evidenced by:
20180713 - WSC All of the previously cited deficiencies have been verified as being corrected; however, a new deficiency was cited.

NEW DEFICIENCY

1) The Rule requires that each family care home shall have floors or floor coverings kept clean and in good repair.

At the time of the follow-up survey the right side rear Bathroom has a soft floor in front of the shower.

{C 000}

{C 153}

At the time of the survey the staff that was on site was not authorized to sign the plan of correction

[Signature] 11-01-2018

RECEIVED
NOV 06 2018
CONSTRUCTION SECTION

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/13/2018
--	--	---	---

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	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 153}	Continued From page 1 Repair the subfloor and any required substructure. Provide photos and invoices indicating all work performed.	{C 153}		
{C 174}	Building Equipment Maintained Safe, Operating 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. At the time of the survey it was observed that the fan for the kitchen range hood was not working. This rule requires the mechanical equipment to be maintained in an operating condition. 20180713 - WSC Follow-up observation determined that this deficiency has not been corrected. Repair/replace the range hood as needed. Provide receipts/ invoices as documentation for work performed.	{C 174}		
{C 183}	Outside Premises-Clean, Safe 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.	{C 183}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/13/2018
--	--	---	---

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	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 183}	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> At the time of the survey it was observed that the awning over the windows of bedroom #2 was damaged. The rule requires that the facility be maintained in a clean and safe condition. <p>20180713 - WSC</p> <p>Follow-up observation determined that this deficiency remains uncorrected. Repair/ replace the awning and provide photos as documentation of the work performed.</p> <ol style="list-style-type: none"> At the time of the survey it was observed that over the windows of bedroom #2, there was a hole in the roof fascia. The rule requires that the facility be maintained in a clean and safe condition. <p>20180713 - WSC</p> <p>Follow-up observation determined that the deficiency remains uncorrected. Repair/ replace the fascia and provide photos as documentation of the work performed.</p> <ol style="list-style-type: none"> At the time of the survey it was observed that the front window sill of the staff bedroom was rotted. The rule requires that the facility be maintained in a clean and safe condition. <p>20180713 - WSC</p> <p>Follow-up observation determined that this deficiency remains uncorrected. Repair/ replace the window sill and provide photos as documentation of the work performed.</p>	{C 183}		
---------	--	---------	--	--