

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL045118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUNDVIEW ASSISTED LIVING # 3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>178 KENDRICK COURT FLAT ROCK, NC 28731</b>
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(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	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on May 23, 2019 from 9:00 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 25, 1997 as a Family Care Home for six (6) Residents with up to three (3) of whom may be non-ambulatory (Who are un-able to respond and evacuate 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the applicable portions of the 1996 North Carolina State Building Code - Section 419.3 Small Residential Care Facilities.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical,</p>	C 174		

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

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C 174	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. At the time of the survey it was observed that the bathroom exhaust fans for the 2 hallway bathroom on the rear of the home were not working. This is not compliant with the rule.</li> <li>2. At the time of the survey it was observed that the exterior light on the right side of the home was broken. This is not compliant with the rule.</li> </ol>	C 174		