05/03/2013 20:12

9195941798 POOL

POOLE RD FCH

PAGE <u>01/04</u>

Othertian

Down: NDanise Lucas Poole Road Damily Care 919-523-7842

:

9195941798

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AND PLAN	VT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
FCL092080		B. WING			R 11/01/2018		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		<u> </u>	
POOLE I	ROAD FAMILY CARE	HOME 5818 POC	DLE ROAD				
(X4) ID	SU MMARY ST	ATEMENT OF DEFICIENCIES	, NC 27610				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JULD BE	(X5) COMPLETI DATE	
(C 000)	Initial Comments		{C 000}			<u> </u>	
	Report by Glenn H	oppin					
	follow-up Survey or 12:00 PM to 12:30 facility. Not all of th were corrected and	n Section conducted a Biennial n November 01, 2018 from PM at the above referenced e previously cited deficiencies f new deficiencies were also ther action is required.					
	The remair ing/new	deficiencies are as follows:					
C 153}	Houskeeping And F	Furnishings-Clean, Repaired	{C 153}				
	FURNISHINGS  (a) Each family cal  (1) have walls, ceil  coverings kept clear  (2) have no chronic  (3) have furniture o	15 HOUSEKEEPING AND					
2	teficiencies have be	et as evidenced by: I of the previously cited een verified as being a new deficiency was cited.					
r	NEW DEFICIENCY						
\$	) The Rule require hall have floors or f good repair.	s that each family care home loor coverings kept clean and	f	Bathroom floo	٧- ا	H-ଅଧ୍ୟ	
re	t the time of the foll ear Bathroom has a hower.	low-up survey the right side soft floor in front of the					

Division of Health Service Regulation  STATEMENT OF DEFICIE NOISS AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCI 092080		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL092080	B. WING	R			
ME OF	PROVIDER OR SUPPLIER				11/01	11/01/2018	
DOLE	ROAD FAMILY CARE		DDRESS, CITY, S OLE ROAD	TATE, ZIP CODE			
		RALEIGI	H, NC 27610	•			
X4) ID REFIX ȚAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH L'EFICIENCY MUST BE PRECEDED BY FULL REGULA "ORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CTION OULD BE ROPRIATE	D DE COMO		
153}	Continued From pa	ge 1	{C 153}	DEFICIENCY)	<u> </u>		
	Repair the subfloor substructure. Providing all work p	ie photos and involces					
	deficiency remained						
: 183)	Outside Premises-C	lean, Safe	{C 183}				
	(a) The outside gro	HE BUILDING 18 OUTSIDE PREMISES unds of new and existing hall be maintained in a clean					
	over the wiridows of	survey it was observed that bedroom #2, there was a a. The rule requires that the		• .			
	20180713 - WSC			•			
	Follow-up observatio deficiency remains u	n determined that the ncorrected. Repair/ replace e photos as documentation d.					
l l	11/01/2018 GH At the nad been replaced bu not compliant with the	time of the survey the facia it not yet painted. This is rule.	Y	till be painted	-	10-18	
1	11/01/2018 GH New I	Deficiency					
10	ioor under the hot wa	rey it was observed that the ter heater in the kitchen is t compliant with the rule.	J.	spain floor hos		8}4 <u>6</u> -	

SCZY23

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IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DAT	(X3) DATE SURVEY COMPLETED	
		FGL092080	B. WING			R	
NAME OF PROVIDES OF ALL			ADDRESS, CITY, STATE, ZIP CODE			<u>/01/2018</u>	
POOLE RO	DAD FAMILY CARE	5818 PC	OLE ROAD	TEJE, ZIP CODE			
		RALEIG	H, NC 27610				
(X4) ID PREFIX	しこべいけ いたかじょとかい	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	CORRECTION			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5 COMPI DAT	
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