Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			D WING				
		FCL045127	B. WING		09/1	2/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
TORE'S	TORE'S HOME # 22 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726						
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report by Keith Blackwell						
	Survey on September 2:55 PM at the aborecords indicate the October 28, 2017 annon-ambulatory Reevacuate and response verbal assistance demergency. Based requiring the home the following: the 20 Family Care Homes	n Section conducted a Biennial per 12, 2019 from 1:35 PM to be referenced facility. DHSR is home was first licensed on its a Family Care Home for six sidents who are unable to and without any physical or luring a fire or other. If on this information we are to maintain compliance with 2005 Rules 10A NCAC 13G for its and the 2012 North Carolina is - Section 425.5 Large accilities.					
	that require an accedeficiencies listed vistaff during the exit 2.) Take actions to once completed prophotos, receipts, imperformed.	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work					
o	The cited deficienci		0.4=:				
C 174	Building Equipment	t Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building at mechanical, and plucare home shall be operating condition	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and					

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL045127	B. WING		09/1	2/2019			
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE ZIP CODE	1 03/1	2/2013			
	41 TORE'S DRIVE								
TURE 5	TORE'S HOME # 22 EAST FLAT ROCK, NC 28726								
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE				
C 174	Continued From page 1		C 174						
	family care homes.								
	scatter rugs were be home. This is not connecessary action to 2.) At the time of the door stops were be This is not complian necessary action to 3.) At the time of the the residential smood communicating with system. This is not necessary action to necessary action to the stop of the system.	et as evidenced by: ne survey it was observed that leing used throughout the compliant with the rule. Take o remove the scatter rugs. e survey it was observed that ling used throughout the home. In with the rule. Take o remove the door stops. e survey it was observed that ke detectors are not in the commercial fire alarm of compliant with the rule. Take of have the residential smoke ideate with the commercial fire							
	the heat detectors i effective. This is no	e survey it was observed that in the attic are too low to be ot compliant with the rule. tion to raise the heat detectors ht.							
	behind the dryer du dryer duct goes thre	e survey it was observed that act tape was being used where ough the wall. Take necessary the duct tape and patch the wall act.							
	the conduit that per room above the the sealed with fire cau for fire protection.	e survey it was observed that netrates the ceiling in the staff control panel needs to be alking since the ceiling is rated Take necessary action to seal duit with approved fire							

caulking.

Division of Health Service Regulation
STATE FORM

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T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI	E CONSTRUCTION	(VO) DATE		
OF CORRECTION	DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
	FCL045127	B. WING		09/1	2/2019	
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
IOME # 22						
SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		COMPLETE DATE	
Continued From page 2		C 174				
multiple evacuation correctly with the lay necessary action to plans to the layout of 8.) At the time of the several escutcheon secured or flush with bathrooms. Take necessary action to plans to the layout of the several escutcheon secured or flush with bathrooms.	plans were not orientated yout of the home. Take orientate the evacuation of the home. e survey it was observed that is for the grab bars were not the wall in the resident eccessary action to secure the					
G.S 131D 21(1) Declaration of Resident's Rights		C 911				
Every resident shall (1) To be treated wirdignity, and full reco	have the following rights: th respect, consideration, ognition of his or her					
1.) At the time of the there was a camera bedroom #1. This is	e survey it was observed that in use in the resident s not compliant with the rule.					
	SUMMARY STA' (EACH DEFICIENCY REGULATORY OR LS') Continued From page 7.) At the time of the multiple evacuation correctly with the lay necessary action to plans to the layout of 8.) At the time of the several escutcheons secured or flush with bathrooms. Take ne escutcheons flush to G.S. 131D-21 Decl Every resident shall (1) To be treated with dignity, and full reconsinging and right This Rule is not mean.) At the time of the there was a camera bedroom #1. This is	STREET ADD 41 TORE'S EAST FLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 7.) At the time of the survey it was observed that multiple evacuation plans were not orientated correctly with the layout of the home. Take necessary action to orientate the evacuation plans to the layout of the home. 8.) At the time of the survey it was observed that several escutcheons for the grab bars were not secured or flush with the wall in the resident bathrooms. Take necessary action to secure the escutcheons flush to the wall.	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 41 TORE'S DRIVE EAST FLAT ROCK, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 C 174 7.) At the time of the survey it was observed that multiple evacuation plans were not orientated correctly with the layout of the home. Take necessary action to orientate the evacuation plans to the layout of the home. 8.) At the time of the survey it was observed that several escutcheons for the grab bars were not secured or flush with the wall in the resident bathrooms. Take necessary action to secure the escutcheons flush to the wall. G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that there was a camera in use in the resident bedroom #1. This is not compliant with the rule.	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 7.) At the time of the survey it was observed that multiple evacuation plans were not orientated correctly with the layout of the home. Take necessary action to orientate the evacuation plans to the layout of the home. 8.) At the time of the survey it was observed that several escutcheons for the grab bars were not secured or flush with the wall in the resident bathrooms. Take necessary action to secure the escutcheons flush to the wall. G.S. 131D 21(1) Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that there was a camera in use in the resident bedroom #1. This is not compliant with the rule.	STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 C 174 7.) At the time of the survey it was observed that multiple evacuation plans were not orientated correctly with the layout of the home. Take necessary action to orientate the evacuation plans to the layout of the home. 8.) At the time of the survey it was observed that several escutcheons for the grab bars were not secure or flush with the wall in the resident bathrooms. Take necessary action to secure the escutcheons flush to the wall. G.S 131D 21(1) Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that there was a camera in use in the resident bedroom #1. This is not compliant with the rule.	

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