PRINTED: 10/07/2019 FORM APPROVED

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 R B. WING _ FCL011385 09/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8 ELLA LANE RIVERSIDE VILLAGES HOMES #3** ALEXANDER, NC 28701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report by Anthony Brinson DHSR Construction Section conducted a Biennial Follow-up Survey on September 11, 2019 from 1:00 PM to 1:30 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected and new deficiency were cited which will require an acceptable plan of correction. The deficiency's are listed as follows: {C 149} Outside Entrances/Exits-Handrails At Porches {C 149} SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and quardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the rear stoop at the kitchen entrance was approximately 4 inches above grade. This it not compliant with the rule. 20190911-ARB An attempt had been made to correct the previously cited deficiency but a majority of the mulch used to level the grade around the concrete pad has either washed or worn away leaving the potential trip hazard in place; take measures to correct the deficiency and provide photos of the completed work as verification of compliance to the DHSR Construction Section. C 174 C 174 Building Equipment Maintained Safe, Operating

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		FCL011385	B. WING		R 09/11/2019	
			DRESS, CITY, STATE, ZIP CODE			
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RIVERSIDE VILLAGES HOMES # 3 ALEXANDER, NC 28701						
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C 174	Continued From page 1		C 174			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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