Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION  01	(X3) DATE SURVEY COMPLETED	
		FCL045118	B. WING		08/3	31/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUNDV	IEW ASSISTED LIVIN	IG#3	RICK COUR			
		FLAT RO	CK, NC 2873			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by David Hid	ckman				
	Survey on August 3 AM at the above refrecords indicate the July 25, 1997 as a Residents with up to non-ambulatory (Wevacuate without ar assistance during a Based on this informhome to maintain of the 1992 "Rules for and Desired Standa applicable portions 13G for Family Carportions of the 1996	a Section conducted a Biennial 1, 2023 from 8:30 AM to 9:40 ferenced facility. DHSR home was first licensed on Family Care Home for six (6) to three (3) of whom may be ho are un-able to respond and my physical or verbal fire or other emergency). The mation we are requiring the compliance with the following: Family Care Homes Minimum and and Regulations", the of the 2005 Rules 10A NCAC to Homes, and the applicable of North Carolina State Building and Small Residential Care				
	,	ır visit, we cited deficiencies eptable plan of correction. All				
		vere discussed with on-site				
	once completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work				
C 105	Initial Licensure-Me	et NCSBC	C 105			
	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (a) Any building lice					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED			
		FCL045118	B. WING		08/3	31/2023	
NAME OF I	PROVIDER OR SUPPLIER	CTDEET AD	DDESS CITY S	STATE, ZIP CODE			
NAME OF I	-NOVIDEN ON SUFFEIEN						
SOUNDV	IEW ASSISTED LIVIN	IG#3	DRICK COUR CK, NC 2873				
			TR, NC 2073				
(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)	LD BE COMPLETE		
C 105	Continued From page 1		C 105				
	requirements of the Code. All new constrenovations to exist requirements of the Code for One and Residential Care Fa applicable volumes Building Code, which reference, including may be purchased Insurance Engineer Chapanoke Road, SC Carolina 27603 at a dollars (\$380.00).  (b) Each home shared constructions are constructed to the construction of	hall meet the applicable North Carolina State Building struction, additions and ing buildings shall meet the North Carolina State Building Two Family Dwellings and acilities if applicable. All of The North Carolina State th is incorporated by gall subsequent amendments, from the Department of ring Division located at 322 Suite 200, Raleigh, North a cost of three hundred eighty all be planned, constructed, tained to provide the services					
	some of the resider evacuate, without s alarms were sound of 3 ambulatory and residents need to b are able to respond prompting or assist  2. At the time of the the emergency egre obstructed causing during an emergency with the rule, take the	e survey it was observed that hits did not respond and taff prompting, at the time the ed. Per your licensed capacity d up to 3 non ambulatory, the e trained so that at least three and evacuate without					

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DIVISION OF FIGURE 1997			(VO) MULTIPL	E CONCERNICATION	LOVON DATE	OLIDVEV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I EAN OF CONNECTION			A. BUILDING: <b>01</b>			
		FCL045118	B. WING		08/3	1/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		178 KEND	RICK COUR	RT .		
SOUNDV	IEW ASSISTED LIVIN	IG # 3 FLAT ROO	CK, NC 2873	31		
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	OULD BE COMPLETE	
C 146	Continued From page 2		C 146			
C 146	Outside Entrances/Exits-Ramp(s)		C 146			
	AND EXITS (c) At least one prifor the residents' us accessible by ramp 12 inches of length purposes of this Ruentrance/exit is one residents for vehicuany resident that m with evacuation, the	THE BUILDING and a course of the ramp. For the a principal outside entrance/exit with a one inch rise for each of the ramp. For the alle, a principal outside that is most often used by allar access. If the home has ust have physical assistance the home shall have two outside grade level or accessible by a				
	the house only had residents. Due to be ambulatory residen rule. Take the nece additional ramp from	e survey it was observed that one ramp for egress of the eing licensed for up to 3 non ts this is not compliant with the ssary steps to add an m the house to meet the eing licensed for non				
C 149	Outside Entrances/	Exits-Handrails At Porches	C 149			
	AND EXITS	OUTSIDE ENTRANCE es, stoops and ramps shall be				
		et as evidenced by: survey it was observed that ail on the house side of the				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL045118 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 178 KENDRICK COURT **SOUNDVIEW ASSISTED LIVING #3** FLAT ROCK, NC 28731 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 149 Continued From page 3 C 149 ramp to the house. This is not compliant with the rule. Take the necessary steps to add a handrail on the house side of the ramp slopes. C 174 Building Equipment Maintained Safe, Operating C 174 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. (i) 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 filters for the air returns were dirty and clogged preventing clean air flow the the HVAC unit. This is not compliant with the rule. Take the necessary steps to install clean air filters and change them out on regular intervals so the HVAC unit can function properly. 2. At the time of the survey it was observed that there was a burned out light bulb in the rear corner bedroom. This is not compliant with the rule. Take the necessary steps to replace the bulb. 3. At the time of the survey it was observed that the fire alarm pull station at the exterior kitchen door was not reset properly. \* This was corrected at the time of the survey, therefore no further action is required. Take the necessary steps to ensure that the pull station stays reset and active at all times.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: <b>01</b>	COM	COMPLETED							
FCL045118 B. WING	08/	31/2023							
NAME OF DROVIDED OR CURRILIED. CTREET ADDRESS CITY STATE ZID CODE	·								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
SOUNDVIEW ASSISTED LIVING # 3  178 KENDRICK COURT									
FLAT ROCK, NC 28731									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORR PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		(X5) COMPLETE							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE AF		DATE							
DEFICIENCY)									
C 174 Continued From page 4 C 174									
O 174 Continued From page 4									
4. At the time of the survey it was observed that									
the relief valve for the water heaters were piped									
and discharging into the crawlspace which could									
cause moisture in the crawlspace. This is not									
compliant with the rule. Take the necessary steps to extend the pipes to the exterior of the									
crawlspace or terminate the pipes within six									
inches of the finished interior floor.									
5. At the time of the survey it was observed that									
there were wasp nests in the soffit areas. This is									
not compliant with the rule. Take the necessary									
steps to remove all wasp nests.									
6. At the time of the survey it was observed that									
the front gutter was leaking causing water to drip									
on the egress path of the front deck. This is not compliant with the rule. Take the necessary steps									
to repair the gutter to prevent the leak.									
to ropair the gatter to provent the roak.									
7. At the time of the survey it was observed that									
the right end storm doors center hinge was									
hanging loose and causing a possible hazard of									
sticking into someone. This is not compliant with									
the rule. Take the necessary steps to repair the									
hinge or remove the hinge.									
9. At the time of the curvey it was absented that									
8. At the time of the survey it was observed that the rear soffit was damaged and hanging loose.									
This is not compliant with the rule. Take the									
necessary steps to repair the soffit.									
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