

6/28/16

ATTN:

PAUL DIXON

INFO ON Fairview  
Assisted living

D. Wellman

PRINTED: 06/20/2016  
FORM APPROVED

## Division of Health Service Regulation

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                 |                                              |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL059024            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                             | (X3) DATE SURVEY COMPLETED<br><br>03/10/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>FAIRVIEW ASSISTED LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>114 FAIRVIEW ROAD<br>MARION, NC 28752 |                                                                                                                 |                                              |
| (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                                                        | Initial Comments<br><br>Report by Paul Dixon<br><br>DHSR Construction Section conducted a Biennial Survey on March 10, 2016 from 1:15 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 2, 1990 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond 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 1984 "Rules for Family Care Homes minimum and desired standards and regulations" with 1987 revisions, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (w/ Revisions) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.<br><br>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000                                                                          |                                                                                                                 |                                              |
| C 174                                                        | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. Observations during the survey showed that the Kitchen range hood and grease filter were dirty. NOTE: The filter was replaced and the                                                                                                                                                                                                                                                                                                                                                                                        | C 174                                                                          | New hood Installed<br>See Attached photo                                                                        | 4/4/16                                       |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6880

HHMF21

If continuation sheet 1 of 2

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## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>FGL059024         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01.<br><br>B. WING: _____                                                                                     |                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>03/10/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>FAIRVIEW ASSISTED LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>114 FAIRVIEW ROAD<br>MARION, NC 28752 |                                                                                                                                                          |                                      |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                 | (X5)<br>COMPLETE<br>DATE             |                                                 |
| C 174                                                        | Continued From page 1<br><br>hood cleaned during the course of the survey.<br>Insure that the filter and hood remain clean.<br><br>2. Observations during the survey showed that<br>the exhaust fan cover in the bathroom off of the<br>front double bedroom was clogged with dust and<br>lint. Have the cover cleaned to ensure an<br>unobstructed air flow. Provide the DHSR<br>Construction section with copies of all<br>photographs and any other supporting<br>documentation concerning this repair.<br><br>3. Observations during the survey showed that<br>the exhaust fan cover in the staff bathroom was<br>clogged with dust and lint. Have the cover<br>cleaned to ensure an unobstructed air flow.<br>Provide the DHSR Construction section with<br>copies of all photographs and any other<br>supporting documentation concerning this repair. | C 174                                                                          | New Hood<br>see Attached Photo of<br>New hood & Filter<br><br>EXHAUST FAN cleaned<br>see Attached Photo<br><br>EXHAUST FAN cleaned<br>see Attached Photo | 4/4/16<br><br>3/12/16<br><br>3/12/16 |                                                 |
| C 183                                                        | Outside Premises-Clean, Safe<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0318 OUTSIDE PREMISES<br>(a) The outside grounds of new and existing<br>family care homes shall be maintained in a clean<br>and safe condition.<br><br>This Rule is not met as evidenced by:<br>Observations during the survey showed that there<br>was a garden hose laying on the rear patio which<br>presents a tripping hazard. Have the hose coiled<br>up and properly stored. Provide the DHSR<br>Construction section with copies of all<br>photographs and any other supporting<br>documentation concerning this repair.                                                                                                                                                                                                                                           | C 183                                                                          | Hose stored Properly<br><br>see Attached Photo<br>of Rear patio &<br>hose                                                                                | 3/11/16                              |                                                 |