

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 092-291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2024
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NAME OF PROVIDER OR SUPPLIER SENIOR FLUENT	STREET ADDRESS, CITY, STATE, ZIP CODE 3004 BUNNFIELD DR ZEBULON, NC 27597
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(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
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V 736	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1 At the time of the survey it was observed that the attic access within the garage was missing the cover for the opening. This is not compliant with the rule. Take the necessary steps to install the attic opening cover to maintain a 1 hour fire barrier.</p> <p>2. At the time of the survey it was observed that there was a wooden privacy fence enclosing the back yard with only one access and exit point. This is not compliant with the rule. Take the necessary steps have two means of egress from the enclosed back yard.</p>	V 736	<p>WE INSTALLED A FIRE RATED ATTIC COVER. PICTURE ATTACHED.</p> <p>WE INSTALLED ANOTHER EXIT POINT OPPOSITE TO THE FENCE DOOR LOCATED ON THE RIGHT SIDE FACING THE HOME. PICTURE ATTACHED.</p>	<p>5/2/24</p> <p>5/10/24</p>
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