960655

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033004	A. BUILDING: 01 B. WING _____	02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on February 12, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on September 3, 1996 as a Family Care Home for five 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 1992 Family Care Home Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION MAR 17 2015 RECEIVED	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of this survey, the facility did not have current copies of the Fire and Sanitation Inspections at the facility for review. Send copies of the most recent fire and sanitation inspection reports to DHSR/Construction Section with your signed Plan of Corrections and maintain copies at the facility.	C 117	SIGN HERE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beatrice Petway

TITLE: Owner

(X6) DATE: 3/16/15

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C 174	Building Equipment Maintained Safe, Operating 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. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of this survey, it was observed that the laminate edgeband of the kitchen counter, the section nearest the living room, has defaced and is hanging loose from the counter. Have a qualified person repair the counter. 2. At the time of this survey, the smoke detector in the back right bedroom was chirping indicating a low battery. Replace the battery and make sure the detector is working properly on battery back up. Provide verification of the repairs. 3. In the hall bath, staff stated that some repairs to the trim had been recently completed. The floor of the bathroom was buckled up around the tub and toilet. Have a qualified person repair the floor so that it has a smooth, level surface. Provide documentation of the repairs. 4. When this surveyor went into the attic, the ladder was loose and felt unstable. It was observed that the screws on the right side hinge were loose. Have a qualified person repair the ladder. Provide verification that the repairs have been made. 5. Based on observations made at the time of	C 174	The battery was replace in back right bedroom on the same day you came out 2/12/15 The replacement to bathroom will be done 3/20/15 3/20/15	

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C 174	Continued From page 2 this survey, the left side pilaster at the front porch is rotting at the base. Have a qualified person repair the pilaster. Provide documentation of the repairs. 6. It was observed, that several of the vinyl corner trim sections have fallen off of the house. The locations where the pieces are missing are: a. Outside the staff bedroom at the corner adjacent to the exit door. b. The corner at the dining room where the wall jogs back. Have a qualified person repair the siding. Provide verification of the repairs.	C 174	The base one the front porch will be replaced on 3/20/15 All of the out side replairs will be replaced on 3/20/15	
C 104	Construction-Attic T10: 42C .2102 CONSTRUCTION (d) The attic is not to be used for storage or sleeping. This Rule is not met as evidenced by: 1. At the time of this survey, several suitcases and some blinds were being stored in the attic. Items cannot be stored in the attic. Remove the stored items and provide verification of the correction.	C 104		
C 139	Outside Entrances/Exits-Free of Obstructions T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (e) All entrances/exits must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.	C 139		

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C 139	Continued From page 3 This Rule is not met as evidenced by: 1. The exit door in the staff bedroom is blocked with furniture. The window in this bedroom could only be opened a few inches by this surveyor. Therefore, this sleeping room does not have an emergency exit. Provide a clear path of egress for the secondary exit room from this room. Provide verification of the correction.	C 139	A new window will be put in the staff room on 3/30/15	
C 155	Fire Safety Equipment-Fire Extinguishers T10: 42C .2213 FIRE SAFETY EQUIPMENT (a) Fire extinguishers must be provided which meet these minimum requirements: (1) One 5 pound or larger (net charge) A-B-C type centrally located; and (2) One 5 pound or larger A-B-C or CO2 type located in the kitchen. This Rule is not met as evidenced by: 1. The facility has a fire extinguisher located at the back exit. The fire extinguisher was sitting on the floor. Have a qualified person mount the extinguisher so that it will not be accidentally discharged by kicking or falling over.	C 155		

RMFD

Fire Marshal's Office
404 S Church Street
Rocky Mount, NC 27804

Report of Inspection

Occupancy ID 002430

Inspection Type: 206

Thursday April 17, 2014

Inspection Disposition:Inspected Occupancy

Inspection Fee$25.0000

WE CARE FAMILY HOME #2

1101 HILL ST
Rocky Mount, NC 27801

An inspection of your facility on **Tuesday April 15, 2014** revealed no violations to the Fire Code of the City of Rocky Mount.

Comments:

Thank you for your cooperation.

Robert B. West

West, Robert Brian/Deputy Fire Marshal
Inspector

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 1
Date of Insp/Chg 4/17/14
Status Code: A

Health Department Edgecombe
Current Facility ID 04334301347
Old Facility ID _____

Water Supply: ☒ Community ☐ Transient Non-Community ☐ Non-Transient Non-Community ☐ Non-Public Water Supply

Water sample taken today? ☐ Yes ☒ No

Wastewater System: ☒ Community ☐ On-Site System

☒ Inspection ☐ Re-Inspection ☐ Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: Lyle Care #2
Location Address: 1101 Hill Street
City: Rocky Mount **State:** NC **Zip:** 27801

Permittee: Beatrice Pettway
Number of Residents: 5
Mailing Addr. 1101 Hill Street
City: Rocky Mount **State:** NC **Zip:** 27801

Classification:
☒ Approved (20 or less demerits, and no 6-point demerits)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

	Demerits	COMMENTS
1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)**		
2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)**		
3. **FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection:** Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		(12) Walls in back bedroom are badly scratched from furniture. Walls shall be in good repair.
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6**; disposable items properly stored and handled, used only once 2 (.1618)		
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)		
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)		
11. FLOORS: In good repair 1; kept clean 2 (.1607)		
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)	1	
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)		
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Rept Received by: _____ **TOTAL DEMERIT SCORE** 1

Inspection by: [illegible] **EHS I.D.#** 2075

Comment Sheet Attached ☐ Yes ☒ No

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)