STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033009	A. BUILDING: **01** B. WING _____	**06/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY GUARDIAN ANGEL FAMILY CARE HOME	**514 COKEY ROAD** **ROCKY MOUNT, NC 27801**

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C 000	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on June 4, 2015 from 1:33 PM to 3:04 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 22, 1991 as a Family Care Home for six 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 1991 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 North Carolina State Building Code - Section 513.1, Exception 1 - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: Note: DHSR database records the initial licensure date as June 22, 1991. An initial date of February 26, 1982 was also recorded under previous surveys and affirmed per interview with the prior Owner. There were changes in the licensure rules between 1982 and 1991 that would have a significant impact on the requirements for the facility. If available, provide documentation of when the facility was first licensed or the facility may be required to be brought up to the 1991 licensure rules.	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION	C 117		

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C 117	Continued From page 1 (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. Based on interview with Staff, the facility does not have the annual Fire and Sanitation Inspections available. Provide copies of the Fire and Sanitation Inspections for the last two years to verify compliance. Copies of these records are to be maintained at the facility at all times.	C 117		
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. Observations revealed that the fire extinguishers were last serviced in April of 2014 and are past due for annual service. Have the fire extinguishers inspected and serviced by a qualified person. Provide receipts or copies of the tags for verification of the correction. 2. Observations revealed that the towel bars in the half bath were broken on the walls behind the toilet and across from the toilet. Have a qualified person repair the broken towel bars. Provide documentation of the repairs.	C 174		

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C 174	Continued From page 2 3. Observations revealed the the exhaust fan in the half bath had an accumulation of dust that could prevent the fan from exhausting properly. Clean the exhaust fan and provide photo verification of the correction. 4. Observations revealed that the wall behind the sink in the half bath was damaged and the wall behind the door in Bedroom #3 had been removed. Interview with Staff revealed that they were in the process of installing an electric water cooler. Provide documentation of the repairs to both the bathroom and bedroom walls when the work is complete. 5. Observations revealed that call bells were located in each of the Resident bedrooms. The only bell that sounded when pressed was the left side call in Bedroom #2. Only one call bell was located in Bedroom #3. Have a qualified technician repair or replace the call system. All calls should be within reach of the Residents' beds. Provide documentation of the repairs. 6. Observations revealed a large hole in the closet of Bedroom #4. The hole was adjacent to the attic access panel. Interview with Staff revealed that the hole had been cut by a prior vendor and had not been patched. Have a qualified person repair the hole or repair the opening and provide an access panel in the new opening as the existing hatch is very small and may be difficult to access the attic. 7. Observations revealed that the paint had bubbled and was beginning to peel away in the upper corner of the hallway outside of Bedroom #2. Have a qualified person repair the damaged wall finish. Provide documentation of the repairs.	C 174		

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C 174	Continued From page 3 8. Observations revealed the kitchen cabinets to be in poor condition. The cabinets were missing handles in front of the sink and the trim along the backsplash over the sink was loose and broken in places. A section of the countertop had been cut away to allow for the oven door to open. The cut was poorly done and has left rough, unsitely edges. One of the drawers to the right of the stove is broken and hanging. The handle on that drawer is also broken. The finish on the cabinets has worn through in several places. Have a qualified technician repair or replace the kitchen cabinets. Provide documentation of the repairs. 9. Observations revealed that the vinyl floor under the kitchen cabinets has come loose from the quarter trim and is curling and bunching along the front of the counters. Have a qualified person repair the flooring in the kitchen. Provide documentation of the repairs. 10. Observations revealed that the floor in front of the shower is soft and giving underfoot. Have a qualified technician identify the cause of the damage and make all necessary repairs to correct the problem. Provide documentation of the repairs. 11. Observations revealed that the vinyl floor between the sink and the shower in the bathroom is no longer adhering to the substrate and has curled inward. Have a qualified person repair or replace the floor. Provide documentation of the repairs. 12. Observations revealed that the tile in the shower was broken around the drain. There were wide sections of grout and there were gaps where the tile had either broken or did not fit properly that were filled in with grout. A black, moldlike	C 174		

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C 174	Continued From page 4 substance was observed in the corners of the shower. Have a qualified person replace the damaged tile and properly grout the shower. Clean to remove the black substance. Provide documentation of the repairs. 13. Observations revealed that the entrance to the full bath is off of an enclosed porch. The entry poses a tripping hazard as the porch slopes away from elevation of the bathroom floor. Have a qualified technician repair the floor so the the entry to the bathroom has a smooth and safe transition. Provide documentation of the repairs. 14. Observations revealed a section of the vinyl siding had popped loose to the left of the front door. Have a qualified person repair the siding. Provide documentation of the repairs. 15. Observations revealed that the handrail at the front ramp was loose. Have a qualified person secure the rail. Provide documentation of the repairs. 16. Observations revealed that a section of the corner trim at the right front corner of the facility had been cut leaving a hole in the trim and the substrate exposed. Have a qualified person replace the damaged trim. Provide documentation of the repairs. 17. Observations revealed that there was not an exhaust cap for the exterior dryer vent. Have a qualified person install a dryer cap. Provide documentation of the repairs. 18. Observations revealed that the crawl space vent adjacent to the dryer opening had been covered with a sheet of insulation. The insulation board is broken and deteriorating. Remove the	C 174		

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C 174	Continued From page 5 insulation board. Provide verification of the repairs.	C 174		
C 125	Bathroom-for Each Five IV. The Building C. Physical Environment (10 NCAC 42C .2201) 5. Bathroom (10 NCAC 42C .2206) a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. This Rule is not met as evidenced by: 1. Observations revealed that the facility has one full bath and one half bath for six Residents. As there is a discrepancy in the dates of licensure, we are allowing the bathroom count to remain per the current configuration. The 1984 allowance for existing facilities to increase their capacity to up to Six (6) residents recognized the fact that not all existing facilities had the bathroom facilities to meet the requirements of one bathroom per five residents as defined in the 1984 Licensure Rules. The discretion for determining the number and size of bathrooms for the number of residents living in the home was delegated to the Division of Health Service Regulation (formally DFS). At this time DHSR recognizes that the full bath and the half bath have been sufficient to meet the needs of the residents. DHSR reserves the right to revisit this issue, in the event that a complaint should arise	C 125		

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C 125	Continued From page 6 due to the limited bath features, to seek remedy.	C 125		
C 143	Outside Exits-Locks Single Hand Motion IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) d. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.) This Rule is not met as evidenced by: 1. Observations revealed that the door hardware at the back exit was not single action. Have a qualified person replace the door hardware with single action hardware. Provide documentation of the repairs.	C 143		
C 149	Outside Premises-Maintained Safe IV. The Building C. Physical Environment (10 NCAC 42C .2201) 11. Outside Premises (10 NCAC 42C .2215) a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health and Natural Resources; Division of Environmental Health Services.	C 149		

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C 149	Continued From page 7 This Rule is not met as evidenced by: 1. Observations revealed a large pile of trash, chairs, boards and other items piled up along the fence in the back yard. Several large bags of aluminum cans were stacked up in the back corner of the yard. Remove all trash and broken furniture to maintain a clean and safe environment. Provide photo verification of the correction. 2. Observations revealed that the fence surrounding the back yard was falling apart. The fence was leaning and several of the bracing boards had rotted. Have a qualified person remove or replace the fence. Provide documentation of the repairs.	C 149		
C 155	Building Service Equipment-Hot Water IV. The Building D. Building Service Equipment (10 NCAC 42C .2214) 4. The hot water tank must be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents must be maintained at a minimum of 100 degrees F (38 degrees C) and must not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: 1. At the time of this survey, the water temperature at the kitchen sink was 96 degrees Fahrenheit. Staff adjusted the temperature on the water heater. A later reading at the half bath was 100 degrees. Maintain water temperatures between 100 and 116 degrees. Monitor the water temperature three times a day for three days.	C 155		

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C 155	Continued From page 8 Record your findings on the attached Hot Water Temp Log to verify that the temperatures are being maintained. Return the log with the signed Plan of Corrections.	C 155		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. Based on interview with Staff, the facility did not have copies of the fire drill logs available. Provide copies of the fire and disaster drill logs for the last 12 months for verification. Maintain copies on site for review.	C 100		