

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER EASTWAY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 108 EASTWAY LANE GRAHAM, NC 27253		
(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 This report is of a biennial construction survey done by Bob Getchell on June 26, 2015. This facility was first licensed as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on March 23, 2009. There was a capacity increase on April 8, 2011 to six (6) ambulatory residents. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.	C 000		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. Based on observation, the porch handrail was not maintained operable. Findings include: a) The right handrail has dropped down.	C 149		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER EASTWAY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 108 EASTWAY LANE GRAHAM, NC 27253		
(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 174	Continued From page 1 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. Based on observation, the electrical system was not maintained safe. Findings include: a) The GFCI outlet on the right side of the sink will not trip, b) There are electrical wires run through the switchplate into the junction box in the attic. 2. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom windows that are difficult to open. This would affect the residents by not allowing free egress in an emergency. Findings include: a) The bedroom windows are sticking and difficult to open. 3. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch, or are in disrepair This could affect a residents privacy. Findings include: The following doors have issues: a) The left front bedroom door won't close and latch, b) Back right bedroom door has a loose door knob,	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER EASTWAY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 108 EASTWAY LANE GRAHAM, NC 27253		
(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 174	Continued From page 2 4. Based on observation, the mechanical exhaust in the Laundry was not maintained safe. Findings include: The escutcheon ring on the water heater exhaust flue has slid down revealing an opening to the attic. 5. Based on observation, the building exterior componernts were not maintained. Findings include: The back right soffit is coming loose	C 174		