

## 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><b>FCL017042</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/19/2015</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PARKER'S FAMILY CARE HOME

10123 WADE DEAD ROAD  
CEDAR GROVE, NC 27231

| (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 |
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| C 000                    | Initial Comments<br><br>This report is of a biennial construction survey done by Bob Getchell on June 19, 2015.<br><br>This facility was first licensed as a FCH for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on November 1, 1987. Based on this we are requiring the home to be in compliance with the 1984 (1987 Revision) and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1968 Uniform Residential Building Code (Volume 1B), and, the 1978 (Revision 8) North Carolina State Building Code - Section 409.1 (g)- Residential Care Facilities.<br><br>Deficiencies were noted which will require a new plan of correction.                                                                        | C 000               | CONSTRUCTION SECT<br>JUL 21 2015<br>RECEIVED                                                                             |                          |
| C 101                    | Existing Licensed-No Less than '71 Rules<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each family care home shall be applied as follows:<br>(2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 | C 101               |                                                                                                                          |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*A. J. Dea Parker* Administrator 7/21/15

(If continuation sheet 1 of 5)

## 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><b>FCL017042</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                      | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/19/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARKER'S FAMILY CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10123 WADE DEAD ROAD<br/>CEDAR GROVE, NC 27231</b> |                                                                                                                          |                                                        |
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| C 101                                                                | Continued From page 1<br><br>Barbour Drive, Raleigh, North Carolina 27603 at<br>no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building fire<br>protection equipment was not installed in<br>accordance with the Licensure Rules and<br>Building Code in effect when the facility was first<br>licensed. This would affect all residents by not<br>detecting smoke, activating the fire alarm, and<br>directing residents from the building.<br><br>Findings include:<br>a. The smoke detector in the Living Room, in the<br>immediate vicinity outside the left end sleeping<br>room, is powered by a battery only and is not a<br>hard wired 120 volt smoke detector as required.<br><br>This is not in accordance with 1975 amendment<br>to the North Carolina State Residential Building<br>Code requiring hard wired 120 volt smoke<br>detectors to be installed in the immediate vicinity<br>outside of each sleeping room. | C 101                                                                                          | To have smoke detector<br>wired outside the sleeping<br>room.                                                            | 8/19/15                                                |
| C 136                                                                | Bathroom-Nonskid In Tub/Showers<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0309 BATHROOM<br>(f) Nonskid surfacing or strips must be installed<br>in showers and bath areas.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the shower floor was<br>not maintained safe.<br><br>Findings include:<br>The shower floor in the back right bedroom is not<br>equipped with a textured surface or skid strips.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C 136                                                                                          | Place skid strip/textured<br>in bedroom shower                                                                           | 8/19/15                                                |

## Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>PARKER'S FAMILY CARE HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br>10123 WADE DEAD ROAD<br>CEDAR GROVE, NC 27231 |                                                                                                                          |                                                 |
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| C 137                                                         | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C 137                                                                                  |                                                                                                                          |                                                 |
| C 137                                                         | Bathroom-Mechanical Ventilation<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0309 BATHROOM<br>(g) The bathrooms shall be lighted to provide 30<br>foot candles of light at floor level and have<br>mechanical ventilation at the rate of two cubic<br>feet per minute for each square foot of floor area.<br>These vents shall be vented directly to the<br>outdoors.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the mechanical<br>ventilation was not maintained operable.<br><br>Findings include:<br>The corridor bathroom exhaust fan is seizing up. | C 137                                                                                  | Replace exhaust fan<br>in bathroom                                                                                       | 8/19/15                                         |
| C 152                                                         | Floors<br><br>10A NCAC 13G .0314 FLOORS<br>(a) All floors in a family care home shall be of<br>smooth, non-skid material and so constructed as<br>to be easily cleanable.<br>(b) Scatter or throw rugs shall not be used.<br>(c) All floors shall be kept in good repair.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the floor coverings<br>were not maintained safe.<br><br>Findings include:<br>The kitchen floor has torn vinyl creating a tripping<br>hazard.                                                                                                | C 152                                                                                  |                                                                                                                          |                                                 |
| C 168                                                         | Fire Extinguishers<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C 168                                                                                  | Replace Floor again<br>in kitchen                                                                                        | 8/19/15                                         |

## Division of Health Service Regulation

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| C 168                                                         | Continued From page 3<br><br>DISASTER PLAN<br>(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:<br>(1) one five pound or larger (net charge) "A-B-C" type centrally located;<br>(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and<br>(3) any other location as determined by the code enforcement official.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency.<br><br>Findings include:<br>The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10 | C 168                                                                                  | Make initials on tag saying we checked the extinguisher monthly                                                          | 8/19/15                                         |
| 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. Based on observation, the facility was not maintained in an operable manner by having doors in disrepair.                                                                                                                                                                                                                                                                       | C 174                                                                                  |                                                                                                                          |                                                 |

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| C 174                                                         | Continued From page 4<br><br>Findings include:<br>The back right bedroom has a closet with a loose<br>door knob              | C 174                                                                                  | Tighten the door knob<br>to the closet                                                                                   | 8/19/15                  |