PRINTED: 06/22/2015
FORM APPROVED

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
	FCL054061	A. BUILDING: 01 B. WING	05/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNES FAMILY CARE HOME	1106 EAST CASWELL STREET KINSTON, NC 28502

(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 May 29, 2015. This facility was first Licensed as a FCH for six ambulatory residents who are able to react and respond without physical or verbal assistance during an emergency on January 2, 2008. Based on this we are requiring the facility to meet 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	CONSTRUCTION SECTION JUL 23 2015 RECEIVED	
C 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (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 Barbour Drive, Raleigh, North Carolina 27603 at no cost;	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/21/15

Division of Health Service Regulation

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system was not installed in accordance with the Rules in effect when first licensed Findings include: The hard-wired detectors in the corridor outside the sleeping rooms have no power, and did not sound when smoke was released.	C 101	The alarm was checked by Wolf Television and Backup battery was replaced the Alarm System is hard wired and will be checked by Wolf Alarm Company every 6 months	7/21/15
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. Based on observation, the current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report, b) Fire Marshalls Report	C 117	Enclosed is a copy of the Fire Marshal Report dated 10/27/14 and current Sanitation reported 12/19/14 Reports are displayed in the office of home	6/3/15
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device	C 169		

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C 169	Continued From page 2 located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system was not maintained operable. Findings include: The smoke detector in the corridor outside the front right bedroom did not sound when smoke was released.	C 169	The smoke detector was replaced and tested by Wolfe Alarm System will be checked periodically by Administrator and Wolfe Alarm co every 6 months	7/21/15
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. Based on observation, the facility electrical fixtures were not maintained in an operable manner by having lights that do not work. Findings include: The kitchen range hood has a light that does not work.	C 174	The light bulb in the kitchen range hood has been replaced	

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	FCL054081	A. BUILDING: 01 B. WING	05/29/2015

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C 174	Continued From page 3 2. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely and latch in order to contain smoke and fire. This could affect all residents by not containing smoke or fire in the fire compartment or room of origin having gutters coming loose from the building. This could affect all residents by coming loose and falling on someone. Findings include: The following doors have issues: a) Front left bedroom door won't close and latch, and has a loose door knob, b) Front left bedroom closet door knob missing 3. Based on observation, the facility was not maintained in a safe manner by having gutters coming loose from the building. This could affect all residents by coming loose and falling on someone. Findings include: The following gutters have issues: a) Left exterior gutter coming loose, b) Right exterior gutter full of debris.	C 174	and will be checked monthly The front left bedroom door has been repaired and the closet door knob has been replaced Door will be inspected weekly to ensure they close and open properly The left gutter is in the process & being repaired and the debris will be removed by 7/31/15	7-13-15 7/17/15 7/31/15

DSS-6191
03/84

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

Non-Institutional buildings
(Five or fewer residents)

NAME OF HOME Barnes Family Care NAME OF PERSON IN CHARGE Carrie Dudley

STREET ADDRESS 1106 E. Caswell Street CITY Kinston, NC ZIP 28501 TELEPHONE# 252-522-2634

AGE RANGE OF POPULATION 25-80

TYPE OF CONSTRUCTION Wood Frame/Brick Veneer NUMBER OF STORIES 1 SQ. FT. OF FLOOR SPACE 2300

TYPE OF HEATING SYSTEM Central Heat/Air - Electric LOCATION Exterior / Division B Side

NO. OF U/L APPROVED FIRE EXTINGUISHERS 2 LOCATION Kitchen / Dining Area PROPERLY CHARGED ? Yes

U/L APPROVED SINGLE STATION FIRE DETECTORS IN ATTIC, BASEMENT AND ON FIRST FLOOR? Yes

IS THERE AN EVACUATION PLAN? YES (X) NO ( ) ARE DOORS LOCKED FROM INSIDE? Yes

CONDITION OF BASEMENT N/A USE? N/A CONDITION OF ATTIC OK USE? N/A

CONDITION OF BUILDING -- SATISFACTORY (X) UNSATISFACTORY ( )

TYPES OF HAZARDS (Please circle those which apply)

HEATING
1. DEFECTIVE FURNACE
2. DEFECTIVE HEATER
3. DEFECTIVE FLUE
4. DEFECTIVE SMOKE PIPE
5. HEATER TOO NEAR COMBUSTIBLES
6. STORAGE OF ASHES
7. PORTABLE HEATERS USED

ELECTRICAL
8. DEFECTIVE FIXTURE
9. DEFECTIVE WIRING
10. DEFECTIVE FUSES
11. INADEQUATE LIGHTING IN STAIRWAYS & HALLS

EXITS
12. HALLS BLOCKED
13. EXITS BLOCKED
14. BAD FIRE EXITS
15. STORAGE ON ESCAPES
16. INADEQUATE EXIT LIGHTING

MISCELLANEOUS
17. RUBBISH AND TRASH
18. FIRE EXTINGUISHERS
19. IMPROPER STORAGE & USE OF FLAMMABLE MATERIALS
20. DEFECTIVE WATER HEATER
21. UNSUPERVISED SMOKING BY RESIDENTS

LOCATION OF HAZARDS FOUND:

RECOMMENDATIONS TO CORRECT ABOVE AND/OR PROVIDE GREATER SAFETY:

INSPECTOR [signature] TITLE Fire Captain

ADDRESS 205 E. King Street, Kinston, NC 28501 DATE OF INSPECTION 10/27/14

(Fill in in triplicate.) For Family Care Homes for Adults, send one copy to the State Division of Facility Services. One copy should be given to the person in charge of the facility or home and one copy should be retained by the county department of social services.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/21/15

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: 9
Date of Insp/Chg: 12-19-11
Status Code: A

Health Department: Lenoir
Current Facility ID: — — — — —
Old Facility ID: — — — — —

Water Supply: [x] Community [ ] Transient Non-Community [ ] Non-Transient Non-Community [ ] Non-Public Water Supply

Wastewater System: [x] Community [ ] On-Site System

Water sample taken today? [ ] Yes [x] No
[x] Inspection [ ] Re-Inspection [ ] Visit [ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: Barnes Family Care
Location Address: 1106 E Connell St
City: Kinston State: NC Zip: 28501

Permittee: Carrie Bradley
Number of Residents: 6
Mailing Addr.:
City: State: Zip:

Classification:
[x] 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)

Item	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)		(4) Kitchen drawer front in bad repair. Clean inside of counter top recommended.
3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619) Refrigerator 34°F. 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)		
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)	4	
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)		Kitchen H_2O 110°F Bath 108.5°F
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)	2	
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)		(8) clean toilet in hallway bathroom & toilet base in back bathroom
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)	3	(11) Kitchen vinyl flooring needs to be pulled around edges. Carpet needs cleaning
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)		
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)		Be sure to keep mold
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)		cleaned from window + blinds in back bathroom

Copy Received by: [signature] TOTAL DEMERIT SCORE 9

Inspection by: [signature] REHS I.D.# 1030

Comment Sheet Attached [ ] Yes [x] 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)