

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER KELLAM'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323		
(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 17, 2015. This facility was first licensed as a Family Care home for five (5) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on 04/22/1971. With amendment of the 1978 NCSBC effective February 1, 1983, and the revision of the 1977 Licensure Rules effective April 1, 1984, FCHs were allowed to increase capacity to six all ambulatory residents. This facility is currently licensed for Six (6) all-ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we surveyed the home for conformance with the 1977 and the applicable portions of the 1984 and 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, the 1988 North Carolina Uniform Residential Building Code (Volume I-B) and, the 1978 North Carolina State Building Code, - Section 409.1 (g) - Residential Care Facilities	C 000		
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the corridor to the back exit was not maintained in a safe manner Findings include: There is a Dining Room door with a lock in it in the path of egress to the back Exit door.	C 143	New DOOR Hardware was INSTALLED	7-7-15

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

YIH221

If continuation sheet 1 of 4

Kellam's Family Care
109 Roanoke Street
Reidsville NC 27320

Attn:
Mr. Bob Getchell
Construction Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KELLAM'S FAMILY CARE HOME

109 ROANOKE STREET
REIDSVILLE, NC 27323

(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 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having exit door hardware that is not single motion. This would affect all residents by not allowing free egress in an emergency. Findings include: a) The back exit door has hardware that takes more than a single motion to open. b) The front exit door has hardware that takes more than a single motion to open.	C 147	NEW DOOR HARDWARE WAS INSTALLED ON BOTH EXIT DOORS	6-29-15
C 186	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.	C 186		

Division of Health Service Regulation
STATE FORM

6880

YIH221

If continuation sheet 2 of 4

Darlene Ballou
109 Roanoke Street
Kellam's Family Care

Attn: Bob Hetchell
Construction Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER KELLAM'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323		
(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 168	Continued From page 2 This Rule is not met as evidenced by: 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. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10 EBF	C 168	INSPECTION TAGS ON FIRE EXTINGUISHERS BROUGHT UP TO DATE AFTER INSPECTING EXTINGUISHERS 6-29-15	
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, 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: The windows have issues in the following locations: a) Center back bedroom as a window that will not stay open. EBF b) Center back left bedroom has a window that is sticking and is difficult to open EBF	C 174		CENTER BACK BEDROOM WINDOW NOT STAYING OPEN IS PART OF A DOUBLE WINDOW HANDICAP STICKER PUT ON WINDOW THAT WORKS 6-29-15 CENTER BACK LEFT BR WINDOW REPAIRED 6-29-15

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589

YIH221

If continuation sheet 3 of 4

EBF = *EBF*
attn: Bob Getchell

Darlene Hurlway
Kellam's Family Care
109 Roanoke Street
Reidsville NC 27320

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL079094

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

06/17/2015

NAME OF PROVIDER OR SUPPLIER

KELLAM'S FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

109 ROANOKE STREET
REIDSVILLE, NC 27323

(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 3

2. Based on observation, the building
components were not maintained.

Findings include:

- a) The front left bedroom has a hole in the closet
ceiling. EGF
b) Some of the windows have rotten windowsills
EGF

C 180 Building Service Equipment-Call System

SECTION .0300 - THE BUILDING
10A NCAC 13G .0317 BUILDING SERVICE
EQUIPMENT

(f) Where the bedroom of the live-in staff is
located in a separate area from residents'
bedrooms, an electrically operated call system
shall be provided connecting each resident
bedroom to the live-in staff bedroom. The
resident call system activator shall be such that it
can be activated with a single action and remain
on until deactivated by staff. The call system
activator shall be within reach of resident lying on
his bed.

(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 call system was not
maintained operable.

Findings include:

The call system was not working. EGF

[Signature]

C 174

HOLE IN CLOSET CEILING
SEALED WITH FIRE
RETARDANT SEALANT

6-29-15

WINDOW SILLS WERE
REPAIRED

6-29-15

C 180

NURSE CALL SYSTEM
WAS REPAIRED AND
OPERATES CORRECTLY

6-29-15

Division of Health Service Regulation
STATE FORM

YH-221

If continuation sheet 4 of 4

Attn:
Bob Mitchell

Carlone Hallway
ADM.
Kellam's Family Care
109 Roanoke Street
Reidsville NC 27320

From: Kellam Family Care

TO: Mr. Bob Getchell

Thanks

Darlene Callaway
ADM

CONSTRUCTION SECTION

MAR 23 2005

RECEIVED