

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2015
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NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING #6	STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28364
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(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 27, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory residents on July 22, 2003. Based on this we are requiring the home to be in compliance with the 1992 and the applicable portions of the 2005 "Rules 10A NCAC 13G for the Licensing of Family Care Homes", the 1988 North Carolina Uniform Residential Building Code (Volume 1B), and, the 2002 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 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		

CONSTRUCTION SECTION
AUG 19 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bob Getchell

Administrative

7/1/15

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 heat detectors in the attic have only one wire connected, which is insufficient to transmit a signal back to the fire alarm panel.	C 101	per fire inspector and maintenance, detectors compliant to facility	7/20/16	
C 132	Bathroom-For Each 5 or Fewer SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the required number of bathroom facilities. Findings include: The front corridor bathroom is out of service.	C 132		7/20/16	
C 133	Bathroom-Must Provide Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (b) The bathrooms shall be designed to provide privacy. A bathroom with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. This Rule is not met as evidenced by: 1. Based on observation, the facility did not	C 133		7/20/16	

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C 133	Continued From page 2 maintain the residents privacy when they use the showers. Findings include: The back corridor bathroom shower has no privacy curtain	C 133	privacy curtain in place	7/20/15
C 153	Housekeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having damaged floor coverings. Findings include: a) The vinyl floor covering in the kitchen is damaged. b) The vinyl floor covering in bedroom 4 is damaged. c) The vinyl floor covering in bedroom 5 is damaged.	C 153	Vinyl repaired so that it is not a safety hazard for residents	7/20/15
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	C 168		

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C 168	Continued From page 3 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. 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	C 168	monthly checks performed by staff to ensure compliance	7/20/15	
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 building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all	C 174			

Division of Health Service Regulation
STATE FORM 1001-1