ATT FRANK STRICKLAND

PRINTED: 07/22/2015
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
	FCL059007	A. BUILDING: 01 B. WING _____	06/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUETT'S FAMILY CARE HOME	728 NED MCGIMSEY ROAD NEBO, NC 28761

(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 Report of Biennial Construction Survey by Frank Strickland on 06/25/2015: This home was first licensed on 09/09/1981. The 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 facility for conformance with the 1977 Family Care Homes Minimum and Desired Standards and Regulations, the applicable portions of the 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules (10A NCAC 13G) for Family Care Homes and the 1978 Edition (w/amendments) of the North Carolina State Building Code. Section 409.1(g) - Residential Care Facilities. Deficiencies were cited and a Plan of Correcton is required.	C 000	CONSTRUCTION SECTION AUG 03 2015 RECEIVED	
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 had a water heater installed that was not in accordance with the North Carolina Plumbing Code. This could cause personal injury.	C 174		

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

Helen H. Truett Administrator 8-2-2015

STATE FORM 6899 E2IN21 If continuation sheet 1 of 2

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C 174	Continued From page 1 Findings on 06/25/2015 The water heater temperature relief valve piping does not terminate not more than 6 inches above the finish floor.	C 174	New connector VALVE & new pipe WAS installed on 6-27-2015 IF pipe WAS to come OFF new pipe would Be Installed E-MAIL WAS sent to you on 4-29-2015 a picture of new pipins	6-27-15

Helen Truett Administrator 8-2-2015

(1238 unread) - helentruett - Yahoo Mail ATT Frank Strickland

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Compose Delete Move Spam More Back to School

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Spam (527)
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How to Tighten Skin

Fwd: Truett's Family Care Home People

Michael Truett Today at 5:54 PM
To: helentruett@yahoo.com

This message contains blocked images. Show images Change this setting

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Begin forwarded message:

Hide original message

From: Michael Truett <mtruett@gmail.com>
Date: July 29, 2015 at 8:10:48 PM EDT
To: "frank.strickland@dhhs.nc.gov" <frank.strickland@dhhs.nc.gov>
Cc: helentruett@yahoo.com
Subject: Truett's Family Care Home

Dear Mr. Strickland,

I have attached a picture of the new release valve and piping that goes almost to the floor on the hot water heater on 6/27/2015 per your request.

Thank you,

Helen Truett
Truett's Family Care Home
License # FCL059007

Sent from my iPhone

Image1.JPG Download

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