PRINTED: 09/08/2015
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
	FCL058001	A. BUILDING: 01 B. WING	R 09/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRICE FAMILY CARE HOME	1386 BROWN ROAD JAMESVILLE, NC 27846

(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 by Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on September 2, 2015 from 9:40 AM to 10:20 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{C 000}	CONSTRUCTION SECTION SEP 22 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 building was not maintained in operating condition by not maintaining building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: b. The bathroom on the right end is undergoing renovation. c. Drainfield is undergoing repairs, and once completed the right end bathroom and bedroom can be re-occupied. 09/02/2015-PD: Based on observations during the Follow-up Survey, this has not been corrected. The Bathroom is nearly completed	{C 174}	In order to correct Deficiency ID# C174 Administrator will have complete Drainfield replaced. DATE Completed 9.17.15 See enclosed Invoice. Administrator will have bathroom floor repaired. This will allow for safe And operating conditions. Completion date to be 9.23.15.	

vision of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kathleen C. Hollis	Admin. Asst / Co-Admin.	9.21.15

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(C 174)	Continued From page 1 except for the final flooring and the work on the drain field is expected to start the week of 9/7/15. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	(C 174)	Administrator and Staff will observe All Equipment, Bldg and grounds area no less than quarterly basis. Document on ~~it~~ Along with other Fire Safety Equipment (See enclosed form), Any report of issues; will be addressed in a timely manner and arrangements made to correct Kathleen C. Hall Adm Asst/Co Admin 9.21.15	

Smith Septic Systems
66 Smith Shore Road
Belhaven, NC 27810
Office:252-964-4204 • Fax:252-964-6940
Cell: 252-943-1947

ORDER NO. Price Family Care Home DATE 9-17-15

SOLD TO 385 Glover Rd. Jamesville, NC 27846

1	1500 gal Septic Tank (1500 gal.)		
1	1000 gal. Pump Tank		
5	60" D-Liners		
1	Neak 4 X Control Panel		
1	1/2 hp. Pump 2"		
160'	2" PVC Sch. 40 Pipe Pressure		
40'	3" PVC Pipe Sch. 40		
5	3"X2" T's PVC		
3	2"X1/2" Reducers PVC		
1	2" Check Valve		
1	2" Gate Valve		
1	2" Union		
2	6" Watts Boxes		
1	2' Riser		
20'	4" PVC Sch. 40 Pipe		
	Electrical		
	Labor		
	Total	$	10,150.00

JAMES CU/ 608-3031

PAID 7000.00 9-17-15

Thank-you!

owes $ 3150.00

FIRE REHEARSAL DRILLS

Name of Home: Price Family Care Home FCH/HA/DDA

Address: 1385 Brown Rd Jamesville NC. 27846

Date of Rehearsal: _____ Time of Rehearsal: _____ Shift: 1st – 2nd – 3rd (circle one)

Person in Charge: _____

Other Staff Members Present: _____

_____

Time for total Evacuation: _____

Brief description of what was involved: _____

_____

_____

Equipment etc: _____

Oct

Nov

Dec

Name of Home: Price Family Care Home FCH/HA/DDA

Address: 1385 Brown Rd Jamesville NC. 27846

Date of Rehearsal: _____ Time of Rehearsal: _____ Shift: 1st – 2nd – 3rd (circle one)

Person in Charge: _____

Other Staff Members Present: _____

_____

Time for total Evacuation: _____

Brief description of what was involved: _____

_____

_____

Equipment etc: _____

Jan

Feb

Mar