STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035021	A. BUILDING: **01** B. WING _____	**08/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III	**45 CANNADY WAY FRANKLINTON, NC 27525**

(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 Glen Hoppin and Robin Fay DHSR Construction Section conducted a Biennial Survey on August 20, 2015 from 12:00 pm to 2:00 pm. DHSR records indicate the home was first licensed on May 23, 2011as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules for Family Care Homes (10A NCAC 13G) and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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. Observation revealed that the master bathroom ventilation fan had been dismantled. Have a qualified technician reattach unit so that it is operable. Provide verification of the corrections with a photograph or receipt of work completed.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035021	A. BUILDING: **01** B. WING _____	**08/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III	**45 CANNADY WAY FRANKLINTON, NC 27525**

(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 1 2. Observation revealed that a number of windows had been smashed out. Owner is aware of the Resident ' s outburst and is in the process of replacing them. Provide verification of the corrections with a photograph or receipt of work completed. 3. Observation revealed that the kitchen and laundry room had holes in the flooring as well as the seam in the living room had buckled. Have a qualified technician repair/replace the damaged substrate, provide a water resistant covering. Provide verification of the corrections with a photograph or receipt of work completed. 4. Observation revealed that the rear storm door had a ripped screen. Have a qualified technician replace the entire screen with like material or install a new screen door. Provide verification of the corrections with a photograph or receipt of work completed. 5. Observation revealed that the smoke detector in the staff bedroom (first bedroom to the right) did not trip when tested. Have a qualified technician repair or replace. Provide verification of the corrections with a photograph or receipt of work completed. 6. Observation revealed that the electrical mast on the right (South) side has been pulled away from of the building. Have a qualified technician secure the mast to the exterior wall. Provide verification of the corrections with a photograph or receipt of work completed. 7. Observation revealed that the tree on the right (South) side of the building needs to be trimmed. Have a qualified technician remove all branches in contact with the roof for maintenance and	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035021	A. BUILDING: **01** B. WING _____	**08/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III	**45 CANNADY WAY FRANKLINTON, NC 27525**

(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 2 protection of the roof. Provide verification of the corrections with a photograph or receipt of work completed. 8. Observation revealed water leaks in the basement crawl space. Have a qualified technician reattach the condensation pipe from the air conditioning unit and locate the source of the leakages and repair. Provide verification of the corrections with a photograph or receipt of work completed. 9. Observation revealed the pressure tank in the basement crawl space has shifted from its support. Have a qualified technician straighten and secure. Provide verification of the corrections with a photograph or receipt of work completed. 10. Observation revealed that the heat detector in the attic had been removed. Have a qualified technician reinstall. Provide verification of the corrections with a photograph or receipt of work completed. 11. Observation revealed dry rot at the base of two front porch columns. Have a qualified technician correct deterioration or replace columns. Provide verification of the corrections with a photograph or receipt of work completed. 12. Observation revealed the front handrail does not extend the entire length of the ramp. Have a qualified technician eliminate this potential hazard by installing a continuous handrail on the house side of the ramp. Provide verification of the corrections with a photograph or receipt of work completed. 13. Observation revealed that the dryer vent is not secure to the duct work. Have a qualified	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035021	A. BUILDING: **01** B. WING _____	**08/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III	**45 CANNADY WAY FRANKLINTON, NC 27525**

(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 technician permanently attach the vent cap to the duct. Provide verification of the corrections with a photograph or receipt of work completed. 14. Observation revealed the electrical plug behind the dryer is loose from the wall. Have a qualified technician repair or replace this item so it is secure. Provide verification of the corrections with a photograph or receipt of work completed. 15. Observation revealed that the metal duct work from the dryer to the outside is the 'flex' type that is not approved. Have a qualified technician replace with the hard metallic type of approved duct work. Provide verification of the corrections with a photograph or receipt of work completed. 16. Observation revealed that bedroom #2 (end of hall at right (South) side) had square footage that was insufficient to accommodate the number of residents assigned to it. This bedroom measured approximately 146 square feet which is under the minimum area of 160 square feet for bedrooms occupied by two residents. Either decrease the total occupancy of the facility or convert the staff bedroom for resident occupancy. Provide verification of the corrections with a photograph or receipt of work completed. 17. Observation revealed that the front steps require handrails on both sides of the stairs. Have a qualified technician install another handrail on the left (North) side of the front steps. Provide verification of the corrections with a photograph or receipt of work completed.	C 174		