STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 Suzanna Fay DHSR Construction Section conducted a Biennial Survey on October 14, 2015 from 1:09 PM to 2:42 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 20, 2011 as a Family Care Home for five 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 10A NCAC 13G for Family Care Homes 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 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 105	Continued From page 1 Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. Observations revealed that the pressure relief valve on the hot water heater located under the house is not piped. Have a qualified technician install a full size pipe of suitable material from the pressure relief valve to within 6 inches of the grade below. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 105		
C 114	Construction-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (k) All windows shall be maintained operable. This Rule is not met as evidenced by: 1. Observations revealed that the left side front window in the front corner bedroom did not open. Have a qualified technician repair the window so that it is operable. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 114		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which	C 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 117	Continued From page 2 shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the current Fire and Sanitation Inspections were not available at the facility for review. Provide copies of the most recent Fire and Sanitation Inspection reports to DHSR/Construction Section with your signed Plan of Corrections. Retain a copy of each at the site.	C 117		
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. Observations revealed that both storm doors had thumb latches that are not single action. Have a qualified technician remove or disable the thumb latches. Provide documentation of the corrections in the form of receipts or work orders.	C 147		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.	C 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 149	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed a short metal ramp at the front entrance. The ramp drops off either side several inches and there are no handrails. Have a qualified technician install handrails either side of the ramp to prevent injury. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 149		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. Review of records revealed that copies of the fire drill logs for the last 15 months were not available for review. Provide copies of the fire drill logs for the past twelve months to DHSR/Construction Section for review.	C 172		
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.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 4 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed a battery operated smoke detector outside the kitchen that was chirping indicating a low battery. Install a battery and if the detector is still chirping, replace the smoke detector. Provide documentation of the corrections in the form of receipts or work orders. 2. Observations revealed that the smoke detector in the front corner bedroom was chirping indicating a low battery. Interview with Staff revealed that several of the smoke detectors chirped consistently. Replace the batteries. If the detectors continue to chirp, have a qualified technician repair or replace the smoke detectors. Provide documentation of the corrections in the form of receipts or work orders. 3. Observations revealed that the kitchen exit door is sticking in the frame and is difficult to open. Have a qualified technician repair the door so that it opens easily. Provide documentation of the corrections in the form of receipts or work orders. 4. Observations revealed that the closet door in the activity room is delaminating at the bottom edge of the door. Have a qualified technician repair or replace the door. Provide documentation of the corrections in the form of photos, receipts or work orders. 5. Observations revealed a small hole at the base of the closet door frame where recent repairs damaged the floor. Have a qualified technician repair the floor. Provide documentation of the corrections in the form of	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 5 photos, receipts or work orders. 6. Observations revealed that the interior floor of the kitchen base cabinet had been replaced. There are openings around the plumbing and the new floor level makes it difficult to reach the water valves. Have a qualified technician complete the repairs and seal openings where pests might enter the facility. Valves should be accessible. Provide documentation of the corrections in the form of photos, receipts or work orders. 7. Observations revealed an old wood towel bar in the hall tub surround. The wood has deteriorated and the towel brackets have hard metal exposed edges. Have a qualified technician remove the bar and patch the wall as needed. Provide documentation of the corrections in the form of photos, receipts or work orders. 8. Observations revealed that the fan in the hall bath has an accumulation of dust. Clean or sweep out the fan to allow the fan to exhaust properly. Provide documentation of the corrections in the form of photos. 9. Observations revealed that the HVAC return air vent in the hall across from the bathroom has an accumulation of dust. Clean the vent and provide documentation of the correction in the form of photos. 10. Observations revealed that the siding along the ramp at the front of the home had been replaced. The siding consists of several types and colors of siding. The seams are not sealed and the quality of the repairs is poor. Have a qualified technician repair the siding along the ramp. Provide documentation of the corrections	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL039011	A. BUILDING: **01** B. WING _____	**10/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	**408 MIMOSA STREET OXFORD, NC 27565**

(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 6 in the form of photos, receipts or work orders. 11. Observations revealed that the bottom edge of the exterior siding on the left side of the facility is deteriorating. The edges are damaged and there is a hole beneath the meter that appears to go through the exterior finishes. Have a qualified technician repair the siding along this wall. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations revealed a considerable amount of trash including cans, cardboard and bottles under the back deck. Clean the area under the deck. Provide documentation of the corrections in the form of photos. 2. Observations revealed broken glass on the ground in the back outside of the back bedroom. Clean the grounds to remove any glass that could cause injury. Provide documentation of the corrections in the form of photos.	C 183		