

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/14/2015
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara Chavis

TITLE

OWNER

LANDLORD

(X6) DATE

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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	I contacted a qualified Licensed Plumber to come and install the pressure Relief valve.	12-3-15
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	Person who installed windows came out on the same day of survey 10/14/15. Checked the windows. Person stated "The screws used to secure the windows that came with the windows were too long and went thru to the other side. prevented the windows from opening properly. Installer used smaller screws. Windows opened properly, only the double windows were not operable.	10/14/15
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		

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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	Administrators will continue to have annual fire and Sanitation Inspections done in a timely manner. sanitation completed on 11-24-15. Fire Inspection		11-24-15 12-31-15
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	Thumb latches on both doors storm doors will be removed. Administrator will continue to monitor sure all doors are easily operable by a single hand motion.		12-31-15

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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	Hand rails will be installed by a qualified technician on both sides of the ramp.	12-31-15
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	Administrator will continue to have quarterly fire evacuation plan each year.	10/14/15
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.	C 174		

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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	Administrators will continue to make sure the smoke detectors are working are operating properly. Batteries were replaced and the smoke detector defective smoke detector was replaced and all of the detectors were reset, the smoke detectors are not chirping. Administrators will continue to make sure ^{exit} all doors opens easily. Door will be repaired or replaced. Small hole at base of the closet door frame will be repaired.	12/5/15 12/31/15 12/31/15 12/31/15

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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	Kitchen base cabinet will be repaired Wood towel bar in tub will be taken off and tub repaired if there is any damage done to tub after taking off wooden towel bar HVAC air vent have been cleaned Administrator will continue to keep vent clean. any siding is being installed to repair the seams.	12/31/15 12/31/15 10/14/15 12/31/15

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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	Vinyl siding is being installed to repair the exterior on siding on left side.	12/31/15
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	All Area will be cleaned by 12-11-15 All outside area will be cleaned by 12-17-15	



LOWE'S HOME CENTERS, LLC
166 DABNEY ROAD
HENDERSON, NC 27537 (252) 436-0050

- SALE -

SALES#: 807308C1 1734240 TRANS#: 85356122 12-05-15

752050 ST 6FC1 DUPL 15-AMP W/HTD	17.98
72606 10 STD PLASTIC OUTLET PL	1.90
304190 BRK AC/DC ION SMOKE ALARM	14.97

SUBTOTAL:	34.93
TAX:	2.36
INVOICE 23014 TOTAL:	37.29
DEBIT:	37.29

DEBIT:XXXXXXXXXXXX5105 AMOUNT:37.29 AUTHCD:990126
SWIPED REFID:073023111060 12/05/15 17:55:05

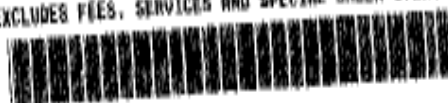
TRACE:00021237

PURCHASE	CASH BACK	TOTAL DEBIT
37.29	0.00	37.29

STORE: 0730 TERMINAL: 23 12/05/15 17:55:00

OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: BOBBY GIBSON

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

* YOUR OPINIONS COUNT! *
* REGISTER FOR A CHANCE TO WIN A *
* \$5,000 LOWE'S GIFT CARD! *
* (REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA *
* TARJETA DE REGALO DE LOWE'S DE \$5000! *
* *
* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *
* WITHIN ONE WEEK AT: www.lowes.com/gurvey *
* Y O U R I D # 23014 0730 339 *
* *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
* OFFICIAL RULES & WINNERS AT: www.lowes.com/gurvey *

STORE: 0730 TERMINAL: 23 12/05/15 17:55:00

2

☐ ESTIMATE
(Valid for 30 days)

DATE 12/5/15	☒ SERVICE ☐ INSTALL	☐ WILL CALL ☐ DELIVER	PHONE
NAME Mrs. Chavis			MAKE
ADDRESS 408 Minnesota St. Oxford, NC			MODEL
			SERIAL

ITEM TO BE SERVICED	NATURE OF SERVICE REQUEST
---------------------	---------------------------

QTY.	PART #	DESCRIPTION OF PARTS OR MATERIALS	PRICE	AMOUNT
	1	REPLACE SD		
	1	replace hex.		
	1	replace covers		

LABOR PERFORMED 	TOTAL MATERIALS	
	TAX	
	TOTAL LABOR	65.00
	TOTAL AMOUNT	65.00

DATE WANTED 12/1/15	DEPOSIT \$	RECEIVED BY
------------------------	---------------	-------------

ESTIMATES ARE FOR LABOR ONLY. MATERIAL ADDITIONAL. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE CAUSED BY FIRE, THEFT, TESTING OR ANY OTHER CAUSES BEYOND OUR CONTROL.

AUTHORIZED BY: 

**JOB WORK ORDER
ORIGINAL**

TERMS - NET CASH
NO GOODS HELD OVER 30 DAYS

5555

**Inspection of
Residential Care Facility**
(For facilities, as defined, with
not more than 12 residents)

Demerit Score: -1

Date of Insp/Chg 11-24-15

Status Code: A

Health Department 6V0ND

Current Facility ID 040 394 300 82

Old Facility ID _____

Water Supply: ☒ Community ☐ Non-Transient Non-Community
☐ Transient Non-Community ☐ Non-Public Water Supply

Wastewater System: ☒ Community ☐ On-Site System

Water sample taken today? ☒ Yes ☐ No
☒ Inspection ☐ Name Change
☐ Re-Inspection ☐ Verification of Closure
☐ Visit ☐ Status Change

Name of Establishment: Davis Family Care

Permittee: Dominica Davis

Location Address: 408 Mimosa St

Number of Residents: 5

Mailing Addr. _____

City: Oxford State: NC Zip: 27565 City: _____ State: _____ Zip: _____

Classification:

☒ Approved (20 or less demerits, and no 6-point demerits)

☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)

Demerits

COMMENTS

1. WATER SUPPLY: Public supply; private supply approved 6 (.1611)

2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)

3. FOOD SUPPLIES AND PROTECTION:

Supplies: All food clean, wholesome, no spoilage 6 (.1619)

Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)

✓ FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618)

✓ FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)

✓ DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)

✓ HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)

✓ TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)

✓ BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)

✓ STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)

11 FLOORS: In good repair 1; kept clean 2 (.1607)

12 WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)

13 LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)

✓ VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 (.1615)

✓ SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)

Rept Received by: [Signature]

TOTAL DEMERIT SCORE

Inspection by: [Signature]

EHS ID# 1704

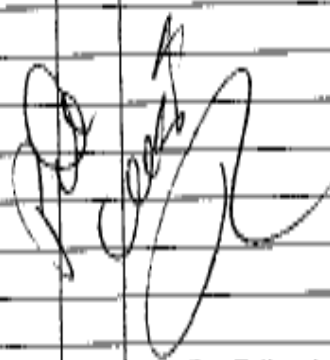
Comment Sheet Attached ☐ Yes ☒ No

Purpose: General Statute 190A-225 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 9.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

P.O. Box 132, Henderson, NC 27536
3540 Mack Brummitt Rd., Kittrell, NC 27544
Phone: 252-430-0102 / 919-603-5112

M 645

INVOICE NUMBER _____ P.O. NUMBER _____

QUANTITY	SIZE	DESCRIPTION	PRICE	AMOUNT
		☐ Picked Up For Service And/Or Repair <i>Arrived 11:30 AM</i> <i>& Putty</i>		45.00
				
		☐ Extinguishers Loaned While Servicing Pay from this invoice No statement will be sent		

1% PER MONTH SERVICE CHARGE ADDED TO ALL ACCOUNTS AFTER 30 DAYS.