

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 Glenn Hoppin DHSR Construction Section conducted a biennial Survey on January 27, 2016 beginning at 10:30am and Ending at 12:00am at the above referenced facility. DHSR records indicate the home was first licensed on January 07, 2009 as a Family Care Home for Six 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 2006 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 130	Bedrooms-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by: 1. Observations revealed that the windows in the staff quarters are higher than 44 inches above the floor. Consult with your local building official to determine what course of action is required. Provide copies of all permits, approvals, and any	C 130		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 130	Continued From page 1 other correspondence pertaining to this deficiency to the DHSR Construction Section. 2. Observations revealed that the windows in the front resident bedroom adjacent to the front door are blocked by furniture. Move the furniture so that at least on operable window is accessible for emergency egress. Provide photo documentation to the DHSR Construction Section.	C 130		
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. Observations revealed that the smoke detector in the staff bedroom was not interconnected with the other smoke detectors. Have a qualified technician repair or replace the smoke detector. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 2. Observations revealed that the GFCI receptacle to the left of the stove had no power. Have a qualified technician repair or replace the empowered GFCI Receptacle. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 3. Observations revealed that the faucet in the	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 kitchen is broken. Have a qualified technician repair or replace the faucet. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 4. Observations revealed that the handrail is loose on the front porch. Have a qualified technician repair the loose handrail. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 5. Observations revealed that the doorknob on the right side front door is damaged. Have a qualified technician repair or replace the doorknob. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 6. Observations revealed that the floor in the hall bathroom is soft around the toilet. Have a qualified technician repair or replace the soft floor. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 7. Observations revealed that the bathtub in the hall bath room needs to be recaulked. Have a qualified technician caulk the bathtub. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 8. Observations revealed that some of the floor molding in the hall bathroom is rotted and requires painting. Have a qualified technician repair and paint the bathroom floor molding as necessary. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 9. Observations revealed that the faucet in the	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 hall bath room has a loose handle. Have a qualified technician repair or replace the faucet. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 10. Observations revealed some rotted decking on the rear deck and handicap ramp. Have a qualified technician repair or replace the affected decking. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 11. Observations revealed damaged or missing window screens on the exterior of the facility. Repair or replace all damaged or missing window screens. Provide invoices and receipts to the DHSR Construction Section when this repair is complete. 12. Observations revealed a large wasp nest on the left side of the facility. Remove the wasp nest. Provide photo documentation to the DHSR construction section when complete. 13. Observations revealed that the rain gutter next to the fireplace chimney is damaged. Have a qualified technician repair or replace the damaged gutter. 14. Observations revealed that the picnic table used by the residents has a damaged leg. Repair or remove the damaged picnic table. Provide documentation to the DHSR Construction Section when this is complete. 15. Observations revealed mildew and fading paint on the fascia and soffit of the facility. Have a qualified technician clean and paint the fascia and soffit as necessary. Provide invoices and	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 receipts to the DHSR Construction Section when this repair is complete.	C 174			