STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: **01** B. WING _____	R **03/23/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	**3713 HERRING ROAD** **LA GRANGE, NC 28551**

(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 Follow-up Survey on March 23, 2016 from 10:33 AM to 11:09 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies 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: BEDROOM #1 4) During the survey, it was observed that several bedframe marks dotted the floor at the bed located on the outer wall. Contact a qualified technician to make the necessary repairs. Provide to our office copies of any documentation that verifies the repairs. 03/23/16: SF-Observations revealed a small tear in the vinyl floor where the bed posts have penetrated the flooring. Have a qualified technician repair the damaged floor and provide protection between the bed legs and flooring to prevent future damage. BEDROOM #2	{C 174}		

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{C 174}	Continued From page 1 3) During the survey, a depression was observed in the left wall. Contact a qualified technician to make the necessary repairs. Provide to our office copies of any documentation that verifies the repairs. 03/23/16: SF-Observations revealed that the wall was still damaged. Have a qualified technician patch the wall. Provide documentation of the repairs in the form of photos, receipts or work orders. BEDROOM #4 3) During the survey, it was observed that the door to the ½ bathroom has damage on the lower right corner. Contact a qualified technician to make the necessary repairs. Provide to our office copies of any documentation that verifies the repairs. 03/23/16: SF-Observations revealed that the finish is delaminating on the inside face of the door. Have a qualified technician repair the door. Provide documentation of the repairs in the form of photos, receipts or work orders. EXTERIOR 2) During the survey, it was observed that on the rear side of the home there is damage to the vinyl trim work which has exposed the wooden fascia board and soffit. Contact a qualified technician to make the necessary repairs. Provide to our office copies of any documentation that verifies the repairs. 03/23/16: SF-At the time of this survey, the damaged vinyl trim and soffit had not been repaired. Have a qualified technician repair the trim and soffit. Provide documentation of the repairs in the form of photos, receipts or work	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{C 174}	Continued From page 2 orders.	{C 174}		