

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARY'S FAMILY CARE HOME

**485 LONG FERRY ROAD
SALISBURY, NC 28144**

(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 February 3, 2016 from 11:15 AM to 1:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 1985 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.) The capacity was reduced to five ambulatory Residents on October 16, 2009. Based on this information we are requiring the home to maintain compliance with the following: the 1984 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION APR 13 2016 RECEIVED	
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 a small leak on the water line in the basement by the water heater.	C 174		

leak has been repaired 3/24/2016

Division of Health Service Regulation

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

TITLE Co-Adm.

(X6) DATE

STATE FORM

6899

69CQ21

If continuation sheet 1 of 4

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER MARY'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 485 LONG FERRY ROAD SALISBURY, NC 28144		
(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 There was some standing water in the basement. Have a qualified technician repair the leak. Provide documentation of the repairs in the form of receipts or work orders. 2. Observations revealed an open junction box in the basement. Provide a cover for the junction box. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed that the foundation wall had been cut for some additional plumbing lines. The joists are now supported at the opening with timber and blocking. The supports did not appear to be of acceptable construction. Have a qualified technician verify the conditions and make any corrective actions required. Provide documentation of the repairs in the form of photos, receipts or permits. 4. Observations revealed that the dryer was not currently venting to an exterior location. Have a qualified technician duct the dryer to an exterior vent. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 174	<i>J-box cover was installed</i> <i>all timber was replaced a new supports have been installed.</i> <i>Dryer duct was vented to exterior location.</i>	<i>3/24/2016</i>
C 109	Construction-Ceiling IV. The Building B. General Construction and Maintenance (10 NCAC 42C .2102) 6. The ceiling must be at least seven and one-half feet from the floor. This Rule is not met as evidenced by: 1. Observations revealed that the ceiling height in the Residents' hall bath was 6'-8". No complaints have been made regarding the lower	C 109		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MARY'S FAMILY CARE HOME

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C 109	Continued From page 2 ceiling height. Therefore, this citation is just an observation and no corrective action is required.	C 109		
C 123	Outside Entrances/Exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C .2209) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys. e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. Observations revealed an exit from the living room to an unheated enclosed porch. Both the living room exit and the enclosed porch exit had	C 123	Dismantled Deadbolt locks and replaced hardware with single action hardware.	3/24/2016

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C 123	Continued From page 3 deadbolts and the hardware was not single action. Also observed that the door leading from the back hall to the back porch had a deadbolt. The exit door from the back porch had a deadbolt and the hardware was not single action. Have a qualified technician remove or dismantle the deadbolts and replace the hardware at three of the four exit doors with single action hardware. Provide documentation of the repairs in the form of receipts or work orders.	C 123			
C 125	Floors IV. The Building C. Physical Environment 10. Floors (10 NCAC 42C .2211) a. All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. b. Scatter or throw rugs are not to be used. c. All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the vinyl floor in the Residents' hall bath was not finished. The floor curled up against the wall and was not secured. Have a qualified technician cut the floor to fit and finish the edges. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 125	The vinyl was cut and fit, molding was put around wall to secure molding.	3/24/2016	

INVOICE

INVOICE #324
DATE: 3/24/2016

FOR:
HOME REPAIRS

Make all checks payable to GARRISON CONSTRUCTION
Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.