STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: **01** B. WING _____	R **04/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	**1120 BENNING STREET DURHAM, NC 27703**

(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 Follow-up Survey on April 27, 2016 from 10:30 AM to 12:00 PM 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 137}	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1. Observations revealed that the bathroom off of Bedroom 2 did not have mechanical ventilation. Have a qualified technician install a mechanical exhaust per the current NCSBC requirements. Provide documentation of the correction in the form of photos, permits, inspections or work orders. 04/27/2016GH The above listed deficiency still remains. Based on the fact that this was not cited during the initial licensing survey a waiver has been granted by Steve Lewis Section Chief, to allow up to six months to complete this correction. This correction will be due no later than 10/27/2016	{C 137}		