

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL040006</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C</b><br><b>06/02/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARRIE'S FAMILY CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1025 POPE FARM ROAD</b><br><b>STANTONSBURG, NC 27883</b> |                                                                                                                          |                                                                      |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                             |
| {C 000}                                                              | Initial Comments<br><br>Report by Suzanna Fay<br><br>DHSR Construction Section conducted a Biennial<br>Follow-up Survey on June 2, 2016 from 2:22 PM<br>to 2:56 PM at the above referenced facility. Not<br>all of the previously cited deficiencies were<br>corrected. Therefore, further action is required.<br><br>The remaining deficiencies are as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {C 000}                                                                                              |                                                                                                                          |                                                                      |
| {C 130}                                                              | Bedrooms-Windows<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0308 BEDROOMS<br>(g) Each resident bedroom must have one or<br>more operable windows and be lighted to provide<br>30 foot candles of light at floor level. The window<br>area shall be equivalent to at least eight percent<br>of the floor space. The windows shall have a<br>maximum of 44 inch sill height.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the windows in the<br>staff quarters are higher than 44 inches above the<br>floor. Consult with your local building official to<br>determine what course of action is required.<br>Provide copies of all permits, approvals, and any<br>other correspondence pertaining to this deficiency<br>to the DHSR Construction Section.<br><br>06/12/2016: SF-The window sill height in the two<br>Staff bedrooms was 51 3/4" high. This does not<br>meet the NCSBC requirements for sill height and<br>emergency egress. Provide documentation from<br>the Building Inspector that they approved the sill<br>height or make adjustments to the windows to<br>meet the Building Code requirements. | {C 130}                                                                                              |                                                                                                                          |                                                                      |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 174}                                                              | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 174}                                                                                              |                                                                                                                          |                                                                      |
| {C 174}                                                              | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - THE BUILDING</b><br/> <b>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</b><br/> (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.<br/> (j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:<br/> 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.</p> <p>06/02/2016: SF-Observations revealed that a new vinyl floor was put down in the bathroom. The subflooring was still soft at the toilet and also in front of the sink. Have a qualified technician replace any damaged subflooring and relay the vinyl. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>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.</p> <p>06/02/2016: SF-The rotted molding was removed but not replaced and there are gaps between the floor finish and the wall and tub edges. When the flooring is repaired, install molding to seal the</p> | {C 174}                                                                                              |                                                                                                                          |                                                                      |

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| {C 174}                                                              | <p>Continued From page 2</p> <p>floor edges. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>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.</p> <p>06/02/2016: SF-Interview with Staff revealed that the screens were on order. Provide documentation of the repairs when complete in the form of photos, receipts or work orders.</p> <p>13. Observations revealed that the rain gutter next to the fireplace chimney is damaged. Have a qualified technician repair or replace the damaged gutter.</p> <p>06/02/2016: SF-At the time of this survey, this repair had not been done. Have a qualified technician repair the gutter and downspout(s). Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>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.</p> <p>06/02/2016: SF-Observations revealed that the damaged picnic table was still on site. Remove or repair the picnic table. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>15. Observations revealed mildew and fading</p> | {C 174}                                                                                              |                                                                                                                          |                                                                      |

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| {C 174}                                                              | Continued From page 3<br><br>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 receipts to the DHSR Construction Section when this repair is complete.<br><br>06/02/2016: SF-Observations revealed that the fascia and soffit still were spotted with mildew and in need of painting. Have a qualified technician clean and paint the exterior trim. Provide documentation of the repairs in the form of photos, receipts or work orders. | {C 174}                                                                       |                                                                                                                          |  |                                                                      |