

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION)		(1) PROVIDER STRUCTURE STATE FACILITY NUMBER	(2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(3) DATE SURVEY COMPLETED
		FCL079003		05/04/2016
NAME OF PROVIDER OR SUPPLIER		DIRECT NUMBERS ONLY STATE ZIP CODE		
CHILTON FAMILY CARE HOME		135 TURNER FARM LANE REIDSVILLE NC 27320		
(4) C CLASSIFICATION	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC EXPLANATORY INFORMATION		(5) DEFECT TYPE	(6) DEFECT TYPE
			PROPERTY PLAN OR CORRECTION EACH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	
(100) Initial Comments Report by Suzanne F. DHSR Construction Section conducted a Biennial Survey on May 4, 2016 from 3:05 PM to 4:26 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 23, 2011 as a Family Care Home for six (6) Residents with no more than three who are non-ambulatory (unable 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 2009 North Carolina State Building Code - Section 421.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: G 105 Initial Licensure-Meet NCSDC SECTION 0300 THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments may be purchased from the Department of Insurance Engineering Division located at 322				

Division of Health Service Regulation
Licensure Branch, Room 100, 10000 Research Drive, Raleigh, NC 27612

STATE FORM

801

VS1221

North Carolina State Building Code

Division of Health Service Regulation

APPENDIX 1 - FORM 1000A
FORM APPROVED

STATEMENT OF LICENSING AND PLAN OF CORRECTION		PROVIDER'S IDENTIFICATION NUMBER FCL079093	PROVIDER'S CONSTRUCTION A. DATES 01 B. N/A	DATE SURVEY COMPLETED 05/04/2016
NAME OF PROVIDER OR SUPPLIER CHILTON FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 135 TURNER FARM LANE REIDSVILLE, NC 27320		
LAST SURVEY TAG	SURVEY DOCUMENT OR DEFICIENCY TAG EACH DEFICIENCY MUST BE PRECEDED BY THIS REGULATORY OR LSC IDENTIFYING INFORMATION.	DEFICIENCY TAG	PROVIDER'S PLAN OF CORRECTION (LACK OF COMPLIANCE WITH REGULATIONS OR DEFICIENCIES APPROPRIATE TO THE APPROPRIATE DEFICIENCY)	DATE
C 105	Continued From page 1	C 105		
Chatham Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. This facility is licensed for six Residents with up to three non-ambulatory Residents. Interview with Staff revealed that the current capacity is two Ambulatory Residents and 2 non-ambulatory Residents. Two infants were observed in the home and one Staff person was present. A second Staff person arrived at the facility approximately thirty minutes after the survey began. One of the Staff rooms had been converted into a nursery. High chairs, bouncy seats and strollers were observed in the sunroom. The Administrator/Owner revealed that the infants were her children. They did not reside at the facility. They were there during the day. She had two Staff present when the children were on site. Children under the age of five are considered non-ambulatory Residents as they need help in evacuating in the case of an emergency. Since the facility is not at capacity and it is licensed for up to three non-ambulatory Residents, the following requirements must be met allow the infants to remain at the facility during working hours. a. The infants will be counted as the third non-ambulatory Resident. Therefore, the facility cannot bring in another non-ambulatory Resident until the children reach the age of five or are no longer staying at the facility. b.1. As the infants are counted in the capacity the facility must not have more than two adult				

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PRINTED: 17730216
FORM APPROVED

STATEMENT OF EVIDENCE: AND PLAN OF CORRECTIONS	(A) PROVIDER REGISTRATION RENEWAL NUMBER:	LAST INSPECTION DATE A. BUILDING: 01	INSPECTION DATE COMPLETED:
	FCL079083	B. WARD:	05/04/2016
NAME OF PROVIDER OR SUPPLIER CHILTON FAMILY CARE HOME			
ADDRESS: 135 TURNER FARM LANE REIDSVILLE, NC 27320			
SUMMARY STATEMENT OF DEFICIENCIES C. 105. Building equipment (mechanical, electrical, plumbing, etc.) 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. (b) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the GFCI outlet with the reset on the left wall of the kitchen is not working. It is not tripping when tested. The kitchen is not safe for residents. Have a qualified technician repair or replace the outlets. Provide documentation of the repairs in the form of receipts, or work orders. 2. Observations revealed that the protective cover had broken off of the exterior outlet at the front porch to the right of the door. Have a qualified technician replace the cover. Provide documentation of the repairs in the form of photos, receipts, or work orders.			
C. 105 Continued From page 2 Residents in the facility until the children reach the age of five or are no longer staying at the facility. c) So as not to jeopardize the care of the Residents, the facility should maintain at least two staff for a separate caregiver for the children at the facility while the children are on site.			

STATEMENT OF DEFICIENCIES (NARRATIVE OF INCIDENTS)	DATE PROVIDER POSITIVE RESULTS OR DATE ACTION TAKEN	SIGNATURE OF LICENSUREE OR A. SIGNATURE OF	DATE DATE SURVEY COMPLETED
	FCL079093	U. WAG	05/04/2016
NAME OF PROVIDER OR SURVEYOR CHILTON FAMILY CARE HOME			
ADDRESS ADDRESS CITY STATE ZIP CODE 135 TURNER FARM LANE REIDSVILLE NC 27320			
DATE OF 10/1/16	DEFICIENCY STATEMENT OF DEFICIENCIES EACH DEFICIENCY SHOULD BE PRECEDED BY THE REGULATORY CODE(S) GOVERNING THE ORGANIZATION	DO 10/1/16 TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY THE APPROPRIATE DEFICIENCY
C 174 Continued From page 3		C 174	
3. Observations revealed that two screens at the sunroom were damaged. One was to the left of the screen door and the other was in the middle of the back wall. Replace the damaged screens. Provide documentation of the repairs in the form of photos or receipts.			

