

PRINTED: 12/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/09/2016
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834		
(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 November 9, 2016 from 3:21 PM to 3:50 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 117}	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have a current Fire Inspection. Confirmation was made with the local Fire Inspector that the facility would be inspected Thursday, September 1, 2016. Provide a copy of his inspection report to DHSR/Construction Section with your signed Plan of Corrections. 11/09/16: SF-The Fire Inspector had come to the facility on August 30, 2016. The facility did not pass and a follow up inspection is required. Provide a copy of the approved Fire Inspection report when complete.	{C 117}		
{C 174}	Building Equipment Maintained Safe, Operating	{C 174}	<i>complete</i>	<i>12-5-16</i>

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Larry Vines**Admn.**12-27-16*

STATE FORM

9899

Y8V922

If continuation sheet 1 of 6

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{C 174}	Continued From page 1 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 that the screen was damaged at the screen door to the carport. Have a qualified technician repair or replace the door. Provide documentation of the repairs in the form of photos, receipts or work orders. 11/09/16: SF-At the time of this survey, the screen door had not been repaired. Have a qualified technician repair or replace the door. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the kitchen drawer to the right of the sink was damaged. Also observed that the bottom edge trim on the base cabinets was falling off and the doors would not close properly. 11/09/16: SF-At the time of this survey, the drawer had not been repaired nor had the cabinets been repaired. Also observed damage to the countertop above the drawer. Have a qualified technician repair the kitchen cabinets and the countertop. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed that the laminate edgeband on the hall bath sink was pulling away	{C 174}	<i>complete</i> <i>The entire drawer needs to replace.</i> <i>complete</i>	<i>1-15-17</i> <i>12-6-16</i>

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{C 174}	Continued From page 2 from the sink. Have a qualified technician repair the laminate. Provide documentation of the repairs in the form of photos, receipts or work orders. 11/09/16: SF-Observations revealed that the laminate edge had not been repaired. Have a qualified technician repair the laminate. Provide documentation of the repairs in the form of photos, receipts or work orders. 6. Observations revealed that the tub faucet in the master bath was running a steady stream of water. Have a qualified technician repair the faucet so that it no longer drips. Provide documentation of the repairs in the form of receipts or work orders. 11/09/16: SF-At the time of this survey, the faucet had not been repaired. Have a qualified technician repair the faucet so that it no longer drips. Provide documentation of the repairs in the form of receipts or work orders. 7. Observations revealed that the heat detector in the attic had fallen off of the base. Secure the heat detector to provide fire protection for the attic. Provide documentation of the repairs in the form of photos. 11/09/16: SF-Interview with Staff revealed that they had not been in the attic to repair the heat detector. Secure the heat detector to provide fire protection for the attic. Provide documentation of the repairs in the form of photos. New Deficiency on 11/9/16: 8. Observations revealed that the floor around the toilet in the hall bath was getting soft. The	{C 174}	Plumber has been notified and will be completed by 1-16-17 Smoke detector has been secured.	1-15-17 Complete

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLEMMIE'S FAMILY CARE HOME II

110 PEARL DR
GREENVILLE, NC 27834

AAA

Y8V922

If continuation sheet 4 of 6

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{C 177}	Continued From page 4 for three days. Record your findings on the Hot Water Temp Log left at the facility. Return the log to DHSR/Construction Section with your signed Plan of Corrections.	{C 177}	<i>OK Complete</i>	<i>12-5-16</i>
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations revealed that the second to last board on the front entry ramp was loose and poses a tripping hazard. Have the board secured. Provide documentation of the repairs in the form of photos, receipts or work orders. 11/09/16: SF-Observations revealed that the loose board was attempted to be secured by adding a piece of wood under the loose one. The board is not secured and is still very loose. Have the board secured. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed that the crawl space vent to the left of the kitchen window was damaged leaving an opening for pests to enter the crawl space. Have a qualified technician replace the vent. Provide documentation of the repairs in the form of photos, receipts or work orders. 11/09/16: SF-At the time of this survey, the crawl space vent has not been replaced. Have a qualified technician replace the vent. Provide	{C 183}	<i>I tried to secure the board and it still wasn't secured properly. Will get a qualified technician to fix.</i> <i>Purchased vent and will have a licensed technician to install.</i>	<i>1-15-17</i> <i>1-15-17</i>

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{C 183}	Continued From page 5 documentation of the repairs in the form of photos, receipts or work orders. 4. Observations revealed that the crawl space door was heavily damaged. Have a qualified technician replace the crawl space door. Provide documentation of the repairs in the form of photos, receipts or work orders. 11/09/16: SF-At the time of this survey, the crawl space door was still heavily damaged. Have a qualified technician replace the crawl space door. Provide documentation of the repairs in the form of photos, receipts or work orders.	{C 183}	<i>Crawl space door will be fixed/replaced by January 15, 2017</i>	<i>1-15-17</i>

Hot Water Temp Record
Name of Facility Clemmie's Family Care Home II
Surveyor Suzanna Fay

[illegible]

Hot Water Temp - 100 - 116 Deg

Recommend Record Temp once/week

Maintain this log of hot water temperatures showing measurements made three times a day for three consecutive days

Return completed log to:

Division of Health Service Regulation
Construction Section
2705 Mail Service Center
Raleigh NC 27699
Attention: Suzanna Fay

Fax Number 919-733-6592