

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER ELIZUR FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 711 ASKEW STREET BURLINGTON, NC 27217		
(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 DHRS Construction Section conducted a Biennial Survey on November 22, 2016 from 10:05 AM to 11:00 AM at the above referenced facility. DHRS records indicate the home was first licensed on August 15, 2014 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.) 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 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not meet the FCH rules as there was not a fire extinguisher located in the kitchen. Install a fire	C 168		1. A new fire extinguisher 12/1/16 was purchased and placed in the kitchen on 12/1/2016. please find photo attached.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Clement Sowa

TITLE

ADMINISTRATOR

(X6) DATE

01/20/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER ELIZUR FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 711 ASKEW STREET BURLINGTON, NC 27217		
(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 168	Continued From page 1 extinguisher in the kitchen. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 168		
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 that the caulking behind the kitchen sink had deteriorated allowing moisture to get between the sink basin and the countertop. Have a qualified technician repair the damage at the back of the sink. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the GFCI outlet above the dishwasher did not trip when tested. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs in the form of receipts or work orders. 3. Observations revealed that the lens cover was missing on the back bathroom light. Install the lens cover. Provide documentation of the repairs in the form of photos. 4. Observations revealed that a section of the ceiling in the dining room was spalling. Have a qualified technician repair the ceiling. Provide	C 174	1. Done by a qualified technician 12/20/16 2. Done by a qualified technician 12/20/16 3. Lens Cover replaced. 12/21/16 4. A qualified technician repaired the ceiling on 12/1/2016. Please find photo attached	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER ELIPHAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 724 ASKEW STREET BURLINGTON, NC 27215		
(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 168	Continued From page 2 enforcement official. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not meet this rule as there was no fire extinguisher in the kitchen. Install a fire extinguisher in the kitchen. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 168	1. New fire extinguisher was purchased and placed in the kitchen. Please find photo attached. 12/1/16	
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 damaged to the wall in the Residents' bathroom where the paper towel dispenser had been removed. Have a qualified technician patch and paint the wall. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the protective cover was missing from the exterior GFCI outlet to the right of the front porch. Install a cover to protect the outlet from the elements. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed a section of exterior trim had fallen off at the roofline outside of the front corner bedroom. Have a qualified	C 174	1. Wall has been patched and painted. Please find photo attached. 12/4/16 2. A new cover will be installed on Friday January 13th, 2017. 3. A qualified technician will install new trim for that section on Friday, January 13th 2017.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER ELIZUR FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 711 ASKEW STREET BURLINGTON, NC 27217			
(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 3 siding to remove the stains. Provide documentation of the repairs in the form of photos, receipts or work orders. 11. Observations revealed a section of siding had fallen off at the top of the side wall at the outside of the kitchen. Have a qualified technician replace the siding. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 174	11. A qualified technician will complete the repair on Friday January 13th, 2017.		