

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 02/16/2017
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 and Anthony Brinson DHSR Construction Section conducted a Biennial Follow-up Survey on February 16, 2017 from 10:40 AM to 11:00 AM 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. 01/19/17: SF-Review of records did not reveal a copy of the approved Fire Inspection. Provide a copy of the approved Fire Inspection report to	{C 117}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

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 02/16/2017
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 117}	Continued From page 1 DHSR/Construction Section with your signed Plan of Corrections and maintain a copy of this inspection at the facility. 02/16/17: SF/AB-Review of records did not reveal a copy of the approved Fire Inspection. Provide a copy of the approved Fire Inspection report to DHSR/Construction Section with your signed Plan of Corrections and maintain a copy of this inspection at the facility.	{C 117}		
{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: 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.	{C 174}		

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 02/16/2017
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 174}	Continued From page 2 01/19/17: SF-Observations revealed that the kitchen cabinets and countertops had not been repaired. Further observations revealed that the interior shelf at the damaged cabinet had fallen. Have a qualified technician repair the kitchen cabinets. Provide documentation of the repairs in the form of photos, receipts or work orders. 02/16/17: SF/AB-Observations revealed that the kitchen cabinets and countertops had not been repaired. Further observations revealed that the interior shelf at the damaged cabinet had fallen. Have a qualified technician repair the kitchen cabinets. 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 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. 01/19/17: SF-At the time of this survey, the laminate edge was still loose and pulling away from the counter. Have a qualified technician repair the bathroom laminate. Provide documentation of the repairs in the form of photos, receipts or work orders. 02/16/17: SF/AB-At the time of this survey, the laminate edge was still loose and pulling away from the counter. Have a qualified technician repair the bathroom laminate. Provide	{C 174}		

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 02/16/2017
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 174}	Continued From page 3 documentation of the repairs in the form of photos, receipts or work orders.	{C 174}		
{C 177}	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The water temperature at the time of this survey was 125 degrees Fahrenheit. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Monitor the water temperature three times a day 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. 11/09/16: SF-At the time of the follow up survey, the water temperature was 70 degrees. Interview with Staff revealed that she needed a part replacement. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Monitor the water temperature three times a day 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}		

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 02/16/2017
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 177}	Continued From page 4 01/19/17: SF-At the time of this survey, the water temperature was 120 degrees. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Monitor the water temperature three times a day for three days and record your findings on the Hot Water Temp Log left at the facility. Return the Hot Water Log to DHSR/Construction Section with your signed Plan of Corrections. Perform monthly checks of the water temperature and maintain a facility log. 02/16/17: SF/AB-At the time of this survey, the water temperature was still 120 degrees. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Monitor the water temperature three times a day for three days and record your findings on the Hot Water Temp Log left at the facility. Return the Hot Water Log to DHSR/Construction Section with your signed Plan of Corrections. Perform monthly checks of the water temperature and maintain a facility log.	{C 177}		
{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: 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	{C 183}		

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 02/16/2017
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 183}	Continued From page 5 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. 01/19/17: SF-Observations revealed that the crawl space door was still heavily damaged and in need of replacement. Have a qualified technician replace the damaged access door. Provide documentation of the repairs in the form of photos, receipts or work orders. 02/16/17: SF/AB-Observations revealed that the crawl space door was still heavily damaged and in need of replacement. Have a qualified technician replace the damaged access door. Provide documentation of the repairs in the form of photos, receipts or work orders.	{C 183}			