

PRINTED: 03/28/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/16/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DIAL'S FAMILY CARE HOME #10**70 CARE DRIVE
PEMBROKE, NC 28372**

(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on March 16, 2017 from 10:30 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 16, 2006 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 2002 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:	C 000		
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: Observations revealed that the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home is not being maintained in a safe and operating condition. Findings:	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

VUE621

If continuation sheet 1 of 3

*Alfreda Burt**Admin**4-12-17*

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C 174	Continued From page 1 1. On the exterior of the facility the awnings are very dirty and are torn at the seams. This is maintenance issue. Have a qualified technician make all necessary repairs and thoroughly clean the awnings. Provide documentation verifying that this item has been completed to the DHSR Construction Section. 2. In the kitchen the electrical receptacle cover to the right of the stove is cracked. This is a safety violation. Have a qualified technician make all necessary repairs. Provide documentation verifying that this item has been completed to the DHSR Construction Section. 3. The night light cover in the hall bath is missing. This is a maintenance issue. Have a qualified technician make all necessary repairs. Provide documentation verifying that this item has been completed to the DHSR Construction Section. 4. In resident bedroom six there is an oxygen bottle that is not in an approved holder. This is a safety issue. Place the oxygen bottle in an approved holder. Provide documentation verifying that this item has been completed to the DHSR Construction Section. 5. The mini blinds in several rooms in the facility are broken and need repair. This is a privacy issue. Have a qualified technician make all necessary repairs. Provide documentation verifying that this item has been completed to the DHSR Construction Section. 6. In resident bedroom 4 there is furniture blocking the window impeding possible egress in the event of a fire or emergency. Move the furniture away from the window. Provide	C 174		4/20/17

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STATE FORM

0099

VUE621

If continuation sheet 2 of 3

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C 174	Continued From page 2 documentation verifying that this item has been completed to the DHSR Construction Section. 7. In the bathroom inside of resident bedroom 1 the sink is loose. This is a maintenance issue. Have a qualified technician make all necessary repairs. Provide documentation verifying that this item has been completed to the DHSR Construction Section 8. The sign on the front of the building lists the address at 78 care drive. Our records indicate it is 70 care drive. This can create confusion with the 911 system and emergency responders. Confirm with the 911 call center which address is correct and change the sign or contact the DHSR Construction Section to correct the building address. 9. The toaster in the kitchen shows signs of a previous fire or excessive heat. This is a potential fire hazard. Have a qualified technician inspect the toaster and repair or replace the toaster as necessary. Provide documentation verifying that this item has been completed to the DHSR Construction Section.	C 174	Call to non-emergency 911 number shows Address as 78 Care Drive. Called Adult Care at 919-855-3765 Called back to non- emergency to get a letter	

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#10

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