

PRINTED: 04/05/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2017
NAME OF PROVIDER OR SUPPLIER MOORE'S FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 154 HWY NC 42 POWELLVILLE, NC 27967		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on March 15, 2017 from 12:00 PM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 20, 2012 as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Building Code - Section 421.2 - 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 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.	C 169	The administrator will create a check list to include monitoring the fire smoke detectors and heat detectors on a monthly basis. The check list will be included in the Quality Improvement Plan. (Fire Safety Plan)	

Division of Health Service Regulation

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

Cla Moore-Davis

TITLE

Admin

(X6) DATE

4/3/17

STATE FORM

8899

8EXS21

If continuation sheet 1 of 2

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C 169	Continued From page 1 This Rule is not met as evidenced by: 1. At the time of the survey it was noted that the Heat/Smoke detector located in the attic space was chirping indicating a low battery. Have the battery replaced and provide documentation to our office when completed. * DHSR recommends that Heat Detectors in Family Care Homes be the 199 - 212 degree rate to rise type Heat Detector interconnected to a designated sounding device.	C 169	The battery was replaced on 4/3/17 by the maintenance personnel.	4/3/17	

Division of Health Service Regulation
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6889

8EXS21

If continuation sheet 2 of 2

Ava Moore-Daniel Admin

4/3/17