Clemmie's Family Care Home I

"Where Everybody Is Somebody"

4271 High St. Ayden NC 28513

Office Phone (Fax): 252-746-6388

To: Anthony Brinson - 919-733-6592

From: Tammy Vines

Revised

Subject: Plan of Correction

Sheets: 9 sheets

Comments:

Owner: Art Enterprises of Pitt County

Administrator: Tammy Vines

Office Phone (Fax): 252-364-1493

Cell Phone: 252-531-6710

Email: argirls1@suddenlink.net

PRINTED: 02/23/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING	R 02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	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}	Fire Inspection completed	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya Vinson — TITLE: Admin — (X6) DATE: 5-3-17

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{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}	A handyman is under contract to repair the kitchen cabinet he has complete the repair to bottom edge trim on the base cabinet. He has the drawer because he is constructing a new drawer. Will be completed totally See receipt 5-10-17	

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{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}	In the hall bathroom the laminate edgeband on the sink is no longer pulling Way secured with glue and small tacks completed	

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{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}	Hot Water tank had to be replaced. The water temperature has been monitored three times a day and range from 100' to 116' purchased on March 30, 2017 Completed Staff will perform monthly checks and record.	

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{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}	House has been pressure Wash and entered in a contract with a lawn service. The handyman is working on repairing the door	5-10

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{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}		

Greenville NORTH CAROLINA
FIRE/RESCUE

Inspection Date:	11/10/2016
Inspection Time:	0.33 Hours
Inspected By:	
Inspection #:	162094

Facility Contact Information

Facility:	Clemmies Family Care Home 2	**Address:**	110 PEARL DR		
Phone:	(252) 531-6710				
Fax:		**City:**	GREENVILLE		
Email:	Artgirls1@suddenlink.net	**State:**	NC	**Postal Code:**	27834
Contact:	Tammy Vines	**Work:**			
Email:	Artgirls1@suddenlink.net	**Station #:**	Station 5		

Inspection Type:	Inspection Reinspection

Inspection Notes

Violation corrected from last inspection. Fire extinguishers inspected by vendor.

Inspection Fee:	$ 0

A fire inspection was conducted at your facility and no violations were observed.

Thank you.

Life Safety Services Division - P.O. Box 7207 - Greenville, NC 27835 - Phone (252) 329-4390

B - Bathroom
K - Kitchen

Clemmie's FCH II

Date	Temp	Location	Date	Temp.	Location	Signature
4-1	101'	B	4-9	111'	B	Larry Vines
4-1	100'	B	4-10	109'	B	Larry Vines
4-1	100'	K	4-10	115'	K	Larry Vines
4-2	99'	B	4-10	115'	B	Larry Vines
4-2	108'	K	4-11	114'	K	Larry Vines
4-2	101'	B	4-11	114'	B	Larry Vines
4-3	111'	B	4-12	113'	B	Larry Vines
4-3	112'	K	4-12	113'	B	Larry Vines
4-3	114'	K	4-12	113	B	Larry Vines
4-4	110'	B	4-13	115'	B	Larry Vines
4-4	111'	B	4-13	115'	B	Larry Vines
4-4	112'	B	4-13	113'	K	Larry Vines
4-5	109'	B	4-14	112'	B	Larry Vines
4-5	110'	B	4-14	112'	B	Larry Vines
4-5	115'	K	4-14	113'	B	Larry Vines
4-6	115'	B	4-15	116'	B	Larry Vines
4-6	116'	K	4-15	115'	B	Larry Vines
4-6	111'	B	4-15	115'	B	Larry Vines
4-7	111'	B	4-16	113'	B	Larry Vines
4-7	109'	B	4-16	113'	B	Larry Vines
4-7	112'	B	4-16	113'	B	Larry Vines
4-8	113'	B	4-17	116'	B	Larry Vines
4-8	113'	B	4-17	116'	B	Larry Vines
4-8	114'	K	4-17	115'	B	Larry Vines
4-9	114'	B	4-18	114'	B	Larry Vines
4-9	114'	B	4-18	115'	B	Larry Vines

No. 01 3-30-17 20

Received from Clemmie's Family Care Home

Two hundred and no 100 Dollars

Amt of Account		
Amt Paid	200	00
Balance Due	0	

Clemmie Family

314851

Invoice 4/6/2017

SOLD TO Clemmie's Family Home Care	SHIP TO Rodger Harris Electrical
ADDRESS 11271 High St.	ADDRESS
CITY, STATE, ZIP Ayden NC.	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Furnish the material and provide the labor to wire up the water heater			$300 00
		Paid 4/6/2017			-300 00
					0

12-13

LOWE'S HOME CENTERS, LLC
800 THOMAS LANGSTON RD.
WINTERVILLE, NC 28590 (252) 355-5211

- SALE -

SALES#: S0598EK3 2243516 TRANS#: 20886536 03-

757276 WP 40 GAL 6YR ELEC REG WH	359.00
NC WHITE GOODS FEE	3.00
592515 WHIRLPOOL 40-GAL 6YR ELEC	389.00
NC WHITE GOODS FEE	3.00
SUBTOTAL:	754.00
TAX:	52.36
INVOICE 07179 TOTAL:	806.36
VISA:	806.36

VISA:XXXXXXXXXXXX1122 AMOUNT:806.36 AUTHCD:945
CHIP REFID:059607185606 03/30/17 11:08:36
APL: VISA DEBIT TVR: 8080008000
AID: A0000000031010 TSI: 6800

Tammy W...

STORE: 0598 TERMINAL: 07 03/30/17 11:09:

 # OF ITEMS PURCHASED:
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITE

THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: RONNIE LEGGETT

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY
SEE STORE FOR DETAILS.

STORE: 0598 TERMINAL: 07 **03/30/17 11:09**

THE FOLLOWING ITEMS HAVE EXTENDED PROTECTION PLA
AVAILABLE FOR PURCHASE. YOU HAVE 30 DAYS FROM TH
OF THIS SALE TO PURCHASE A PLAN. TO MAKE A PUR
CONTACT A LOWE'S SALESPERSON.

757276 WP 40-GAL 6YR ELEC REG WH
592515 WHIRLPOOL 40-GAL 6YR ELEC TA

314852

Invoice

SOLD TO: Clemmie Family Home Care
ADDRESS: 110 Pearl Dr.
CITY, STATE, ZIP: Greenville NC

~~SHIP TO~~: Rodger Harris Electrical
ADDRESS:
CITY, STATE, ZIP:

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Furnish the labor to rewire water heater			$100 00
		Paid 4/6/2017		-	100 00

adams 5840