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 05/03/2017

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 Anthony Brinson DHSR Construction Section conducted a Biennial Follow-up Survey on May 03, 2017 from 3:15 PM to 4:00 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected and several new deficiencies were noted as well. Therefore, further action is required. The remaining deficiencies 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: 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}		

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 05/03/2017

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 174}	Continued From page 1 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. 05/03/17: 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/replace 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	{C 174}		

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 05/03/2017

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 174}	Continued From page 2 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 documentation of the repairs in the form of photos, receipts or work orders. 05/03/17: AB-At the time of this survey, it was observed that the laminate edge had been nailed into place, however the nails used protrude out which can result in physical damage, make sure that the nail(s) don't protrude out so as to potentially cause skin abrasions make sure the nails in question are set flush to prevent possible damage. Provide documentation of the repairs in the form of photos, of the completed work. 5-03-2017 - NEW DEFICIENCY"S 1.) at the time of survey it was observed that the linoleum floor covering in the hallway in front of the hall bathroom is torn repair/replace the floor covering as to eliminate a possible trip hazard. Once corrected provide photos and receipts of the completed work. 2.) it was verified at the time of survey that the flue cap for the gas appliance located in the utility room off of the carport is rusted and partially missing, make the necessary provisions to replace the damaged /missing cap to ensure against potential pest infestation and prevent weather intrusion, make the necessary repairs and once complete provide photos, as well as	{C 174}		

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 05/03/2017

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 174}	Continued From page 3 receipts or invoices for the completed work to our office. 3.) it was observed at the time of survey that the paired flood lights located on the corner of the home behind the carport had one bulb that was broken off into the socket and the other was broken at the outer edge of the bulb' replace the defective devices and provide proof of completion to our office. 4.) at the time of survey it was observed in the resident hall bath that none of the bulbs in the light fixture above the sink were functional, the only light available was from the overhead fixture but it did not provide enough ambient light to assist the residents in properly utilizing the space for hygiene purposes , provide functional bulbs for the referenced fixture, once complete provide documentation to our office of the completed work.	{C 174}		
{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 space door was still heavily damaged. Have a	{C 183}		

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 05/03/2017

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 183}	Continued From page 4 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. 05/03/2017: 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}		