1718 Morgantown Rd.
Burlington NC 27217
Phone 336-570-0770
Fax 336-570-0775

Wecare Family Care Home

Fax

To: Paul Dixon
From: WeCare Family Care Home
Fax: 919 733-6592
Pages: 6 pgs including cover sheet
Phone: 919 855-3893
Date: 6/21/17
Re:
CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

POC from We Care Family Care Home

Division of Health Service Regulation

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: 01 B. WING	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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 Paul Dixon DHSR Construction Section conducted a Biennial Survey on December 1, 2016 from 10:15 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 12, 2006 as a Family Care Home for six (6) 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, the 2002 North Carolina State 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 170	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: Observations during the survey showed that the fire extinguisher in the kitchen was sitting on the floor next to the cabinets. Have the fire extinguisher mounted on the wall for easy location and access. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 170	Fire Extinguisher has been remounted on the Kitchen wall for easy location and access	12/3/16

Division of Health Service Regulation

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: 01 B. WING	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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	C 174		
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: 1. Observations during the survey showed that the numerous light fixtures throughout the facility were missing bulbs. They are as follows: a. Kitchen: 3 bulbs b. Living Room: 1 bulb c. Bedroom #2: 2 bulbs d. Hall Bathroom: 3 bulbs e. Front porch light: 1 bulb f. Kitchen Range Hood Install working light bulbs in the fixtures. Provide copies of all photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that the light fixture on the the rear porch is missing the globe/cover. Install a globe/cover on the light fixture. Provide copies of all receipts, photographs and any other supporting documentation concerning this repair. 3. Observations during the survey showed that the exhaust fan in the hall bathroom was not working. Have a qualified individual investigate and repair or replace the fan. Provide copies of all invoices, work orders, and any other supporting documentation concerning this repair.	C 174	C174 All light bulbs in Kitchen Living Room, bedroom and hall Bathroom have been replaced ALL Front porch lights and Kitchen Range Hood has been replaced. Light Fixtures on back porch has globe/cover installed Hall bathroom exhaust fan has been repaired	12/3/16 12/3/16

Division of Health Service Regulation

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: 01 B. WING	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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	C 174		
C174	4. Observations during the survey showed that the outlet next to the door in Bedroom #2 was missing the cover plate. Have a new cover plate installed on the outlet. Provide copies of all receipts, photographs and any other supporting documentation concerning this repair.	C174	(4) NEW cover plate has been installed on the outlets	12/3/16
C174	5. Observations during the survey showed that the ramp at the rear of the facility had a heavy build-up of mildew which causes a slippery surface when wet. Have the ramp cleaned to remove the mildew. Provide copies of all invoices, work orders, photographs and any other supporting documentation concerning this repair.	C174	(5) Ramp has been cleaned from all mildew	12/3/16
C174	6. Observations during the survey showed that the finish on the rear door and frame at the laundry room has completely worn off. Have the door and frame refinished or paint to protect it from the elements. Provide copies of all invoices, work orders, photographs and any other supporting documentation concerning this repair.	C174	(6) Back door and frame painted to protect from elements	2/2/17
C174	7. Observations during the survey showed that in the hall bathroom, the paint is peeling next to the shower. Have all loose paint removed and repaint the wall. Provide copies of all invoices, work orders, photographs and any other supporting documentation concerning this repair.	C174	(7) Peeling paint next to shower has been removed and repainted	2/2/17
C174	8. Observations during the survey showed that on the front porch, the ceiling has some water damage and the paint is peeling. Have the source of the water damage investigated and repaired and have the ceiling painted. Provide copies of all invoices, work orders, photographs and any other supporting documentation concerning this repair.	C174	(8) Front porch LEAK repaired and painted	2/2/17

Division of Health Service Regulation

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: 01 B. WING	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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 9. Observations during the survey showed that on the right side exterior of the home, in the area of the HVAC unit, there is damage to the foundation in that the paint is peeling and the hole in the foundation for the HVAC electrical conduit is too big. Have the hole repaired and damaged area of the foundation repaired and painted. Provide copies of all invoices, work orders, photographs and any other supporting documentation concerning this repair.	C 174	HVAC electrical conduit HOLE REPAIRED	2/8/17
C 175	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations during the survey showed that there was a portable electric heater in Bedroom #2. The heater was removed at the time of the survey. Insure that no portable electric heaters are in the facility.	C 175	C175 Portable electric heater Removed From bedroom #2	12/1/16

STATEMENT

Nelson Vanhook

336-214-3155
NVanhook69@yahoo.com

STATEMENT # 877662
DATE: FEBRUARY 2, 2017

BILL TO Janice Clay

COMMENTS

DATE	DESCRIPTION	BALANCE	AMOUNT
2-2-17	Roof repairs		400.00
	Repaired exhaust fan in bathroom		
	Touched paint on the back door and throughout the facility		

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					400.00

REMITTANCE
Statement #
Date
Amount Due
Amount Enclosed

Make all checks payable to Nelson Vanhook

THANK YOU FOR YOUR BUSINESS!