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
	FCL091018	A. BUILDING: 01 B. WING _____	12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF BLESSINGS FAMILY CARE HOME	1421 ROSS MILL ROAD HENDERSON, NC 27537

(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 9, 2015 from 2:55 PM to 4:05 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 24, 2014 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 information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.2 - 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 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: Observations during the survey showed that the facilities evacuation plan shows the 3rd means of egress is through the laundry room. The laundry room door has locking hardware. Either modify your emergency exit plan to eliminate the laundry room exit as a means of egress and provide	C 147	COMPLETED PSD	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

T Hollmeier — 7/25/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL091018	A. BUILDING: 01 B. WING _____	12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF BLESSINGS FAMILY CARE HOME	1421 ROSS MILL ROAD HENDERSON, NC 27537

(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 147	Continued From page 1 DHSR Construction with an updated egress plan, or install single hand motion hardware on the laundry room door and post an exit sign on the door. Provide the DHSR Construction section with copies of all work orders, photographs and any other supporting documentation concerning this repair.	C 147		
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. Observations during the survey showed that at the laundry room exit stairs, there is a large trash can on the landing impeding the opening of the door. Have the trash can removed from the landing. Provide the DHSR Construction section with copies of photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that at the base of the front ramp, there are several paving stone which are set on the lawn above the grade which present tripping hazards. Either have the pavers removed, or set into the ground so that they are level with the grade. Provide the DHSR Construction section with copies of photographs and any other supporting documentation concerning this repair.	C 148	COMPLETED PM COMPLETED PM	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL091018	A. BUILDING: 01 B. WING _____	12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF BLESSINGS FAMILY CARE HOME	1421 ROSS MILL ROAD HENDERSON, NC 27537

(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 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 during the survey showed that the ceiling fan light fixture in the Dining Room is missing 2 bulbs. Install working light bulbs in the fixture. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 174	COMPLETED PTD	
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: Observations during the survey showed that the screen for the window in Bedroom #3 has fallen out and is leaning against the back of the home. Have the screen re-installed. Provide the DHSR Construction section with copies of photographs and any other supporting documentation concerning this repair.	C 183	COMPLETED PTD	

PLEASE DO NOT REMOVE FROM FILE FOLDER
FOR PROCESSING ASSISTANT USE ONLY

FID NUMBER 970603 HA _____ FC ✓

emailed
BIENNIAL SURVEY DATE 12/9/2015 12/28/2015 - 3 pages
COMPLAINT SURVEY DATE _____

POC PROCESSING DATE (not received date) to WEB _____

FOLLOW UP SURVEY _____

POC PROCESSING DATE (not received date) to WEB _____

FOLLOW UP SURVEY _____

POC PROCESSING DATE (not received date) to WEB _____

FOLLOW UP SURVEY _____

POC PROCESSING DATE (not received date) to WEB _____

CLOSE OUT BY FOLLOW-UP OR DOCUEMNTATION _____