

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL073011</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/26/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN YEARS FAMILY CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>410 MONTFORD DRIVE<br/>ROXBORO, NC 27573</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                    | Initial Comments<br><br>Report by Paul Dixon<br><br>DHSR Construction Section conducted a Biennial Survey on July 26, 2017 from 9:20 AM to 10:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 3, 1986 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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 1984 "Rules for Family Care Homes minimum and desired standards and regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.<br><br>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000                                                                                    |                                                                                                                          |                                                        |
| C 153                                                                    | Houskeeping And Furnishings-Clean, Repaired<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>1.) Family Care Homes shall have all floors clean                                                                                                                                                                                                                                                                                                                                                                                                                        | C 153                                                                                    |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 153                                                                    | Continued From page 1<br><br>and in good repair.<br><br>Findings Include:<br><br>1. At the time of the survey it was noted that<br>there was clothing and trash behind the clothes<br>washer and dryer.<br><br>Effect:<br><br>The clothing and trash are a possible fire hazard.<br><br>Directive:<br><br>Have the area behind the washer and dryer<br>cleaned of all clothing, lint and trash. Once<br>completed provide for our records photos and<br>copies of receipts for the work performed.<br><br>2. At the time of the survey it was noted that in<br>the hall bathroom, several floor tiles around the<br>toilet were cracked and broken.<br><br>Effect:<br><br>The damaged tiles could cause damage to the<br>subflooring through leaks and cause possible<br>injury to clients and staff.<br><br>Directive:<br><br>Have the damaged tiles replaced. Once<br>completed provide for our records photos and<br>copies of receipts for the work performed. | C 153                                                                                    |                                                                                                                          |                                                        |
| C 174                                                                    | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C 174                                                                                    |                                                                                                                          |                                                        |

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| C 174                                                                    | <p>Continued From page 2</p> <p><b>EQUIPMENT</b></p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) All electrical, mechanical and plumbing equipment shall be maintained in a safe and operating condition.</p> <p>Findings include:</p> <p>1. At the time of the survey it was noted that the kitchen exhaust fan was not working and the grease filter was missing.</p> <p>Effect:</p> <p>Failure of the fan to not operate could cause a build-up of cooking fumes and grease in the home.</p> <p>Directive:</p> <p>Have a qualified technician investigate and repair or replace the kitchen exhaust fan. Insure a new filter is installed. Once completed provide for our records photos and copies of receipts for the work performed.</p> <p>2. At the time of the survey it was noted that the light switch for the laundry room was very loose.</p> <p>Effect:</p> <p>The loose switch could possibly cause a short circuit and possible injury to residents and staff.</p> | C 174                                                                                    |                                                                                                                          |                                                        |

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| C 174                                                                    | Continued From page 3<br><br>Directive:<br><br>Note: The switch was repaired during the survey. Insure that all switches and outlets are secure throughout the home. Once completed provide for our records photos and copies of receipts for the work performed.<br><br>3. At the time of the survey it was noted that the ceiling HVAC register in the front center bedroom was loose and hanging from the ceiling.<br><br>Effect:<br><br>The loose register could fall and cause injury to residents and staff.<br><br>Directive:<br><br>Note: The register was secured during the survey. Insure that all ceiling registers are secure throughout the home. Once completed provide for our records photos and copies of receipts for the work performed. | C 174                                                                                    |                                                                                                                          |                                                        |
| C 183                                                                    | Outside Premises-Clean, Safe<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0318 OUTSIDE PREMISES<br>(a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.<br><br>This Rule is not met as evidenced by:<br>1.) The outside grounds of existing Family Care Homes shall be maintained in a clean and safe condition:                                                                                                                                                                                                                                                                                                                                                                         | C 183                                                                                    |                                                                                                                          |                                                        |

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| C 183                                                                    | <p>Continued From page 4</p> <p>Findings Include:</p> <p>1. At the time of the survey it was noted that the trim under the front porch roof was split and rotted.</p> <p>Effect:</p> <p>The rotted trim could cause further damage to the under structure of the porch.</p> <p>Directive:</p> <p>Have the rotted trim replaced. Once completed provide for our records photos and copies of receipts for the work performed.</p> <p>2. At the time of the survey it was noted that the side window of the staff quarters had a broken storm window pane.</p> <p>Effect:</p> <p>The broken pane could cause injury to staff.</p> <p>Directive:</p> <p>Have the broken window pane replaced or the storm window removed. Once completed provide for our records photos and copies of receipts for the work performed.</p> | C 183                                                                                    |                                                                                                                          |                                                        |